

Name  
in  
Full

Anna Maria Adams

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

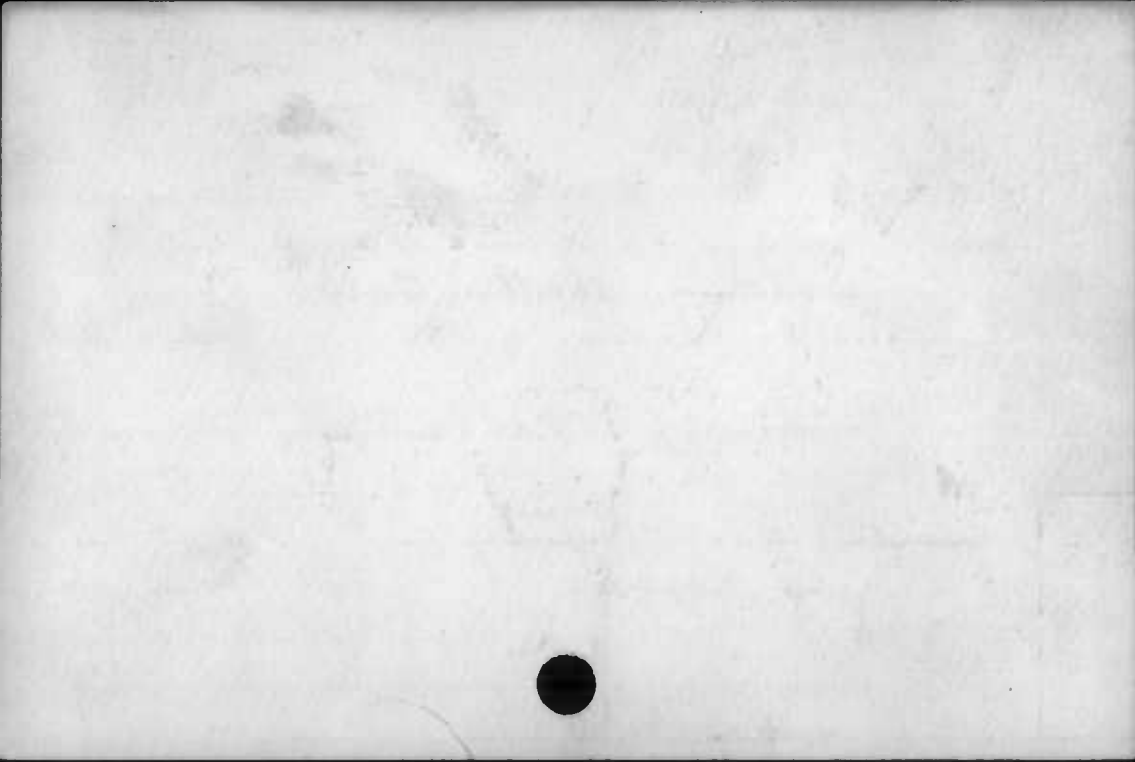
Died at <i>Fredman</i>		Town <i>Fredman</i>		County <i>Fredman</i>		MARYLAND	
Date of death	<i>1908</i>	Month <i>12</i>	Day <i>9</i>	Age <i>86</i>	Years <i>86</i>	Months <i>7</i>	Days <i>10</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Germany</i>				
Occupation <i>House wife</i>	Where Residing if not at place of death <i>X</i>						
<del>Married, Single or Widowed</del>	Name of <del>Wife or</del> Husband <i>Wilhelm Adams</i>						
Father's Name <i>Unknown</i>	Father's Birthplace <i>Germany</i>						
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Germany</i>						
Name of person giving information <i>William H. Adams</i>	How related to deceased <i>Son</i>						

## CAUSES OF DEATH

91

PHYSICIAN  
OR CORONER

Primary <i>Chronic Bronchitis</i>	How long <i>5 years</i>
Immediate <i>Senile Debility</i>	How long <i>6 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Chas. F. Goodman</i>
	Address <i>Fredman, Md.</i>
Accident or Suicide? <i>No</i>	<i>Md.</i>



Name  
in  
Full

Edward Lewis Baller

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> Woodabow<sup>County</sup> Fred.

Date of death 1908 Dec.

Day 15

Age 68

Months 3

Days

Sex Male

Color or  
Race

White

Birth-  
place

Graceham Md.

Occupation

Retired farmer

Where Residing if not  
at place of death

Same place

Married, Single  
or Widowed

Widowed

Name of Wife or  
Husband

Savilla Baller

Father's  
Name

William H. Baller

Father's  
Birthplace

Fred. Co Md.

Mother's  
Maiden Name

Unknown

Mother's  
Birthplace

Unknown

Name of person giving  
Information

Clarence G. Baller

How related  
to deceased

Son

## CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary

Extravasation of blood to brain } <sup>Causality</sup> Apoplexy

How long

Hours

Immediate

Complete Paralysis

How long

Died in bed

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

C. A. Steutz M.D.

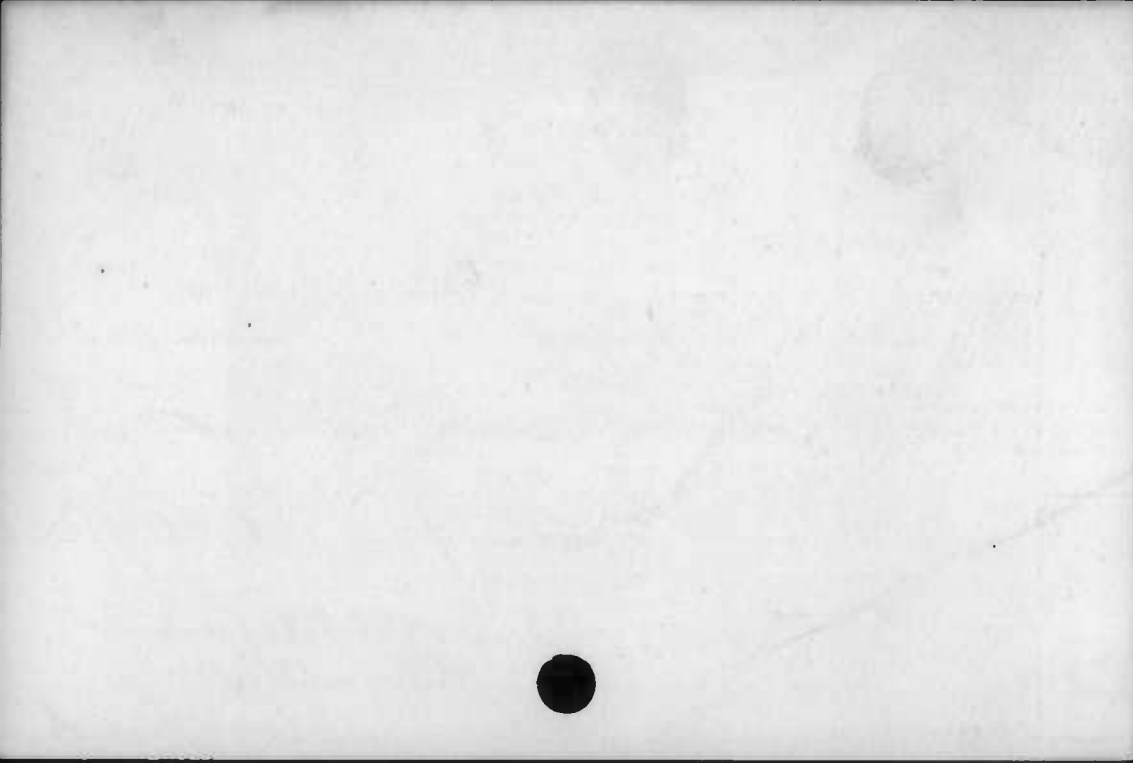
Address

Woodabow

Md.

Accident or Suicide?

no

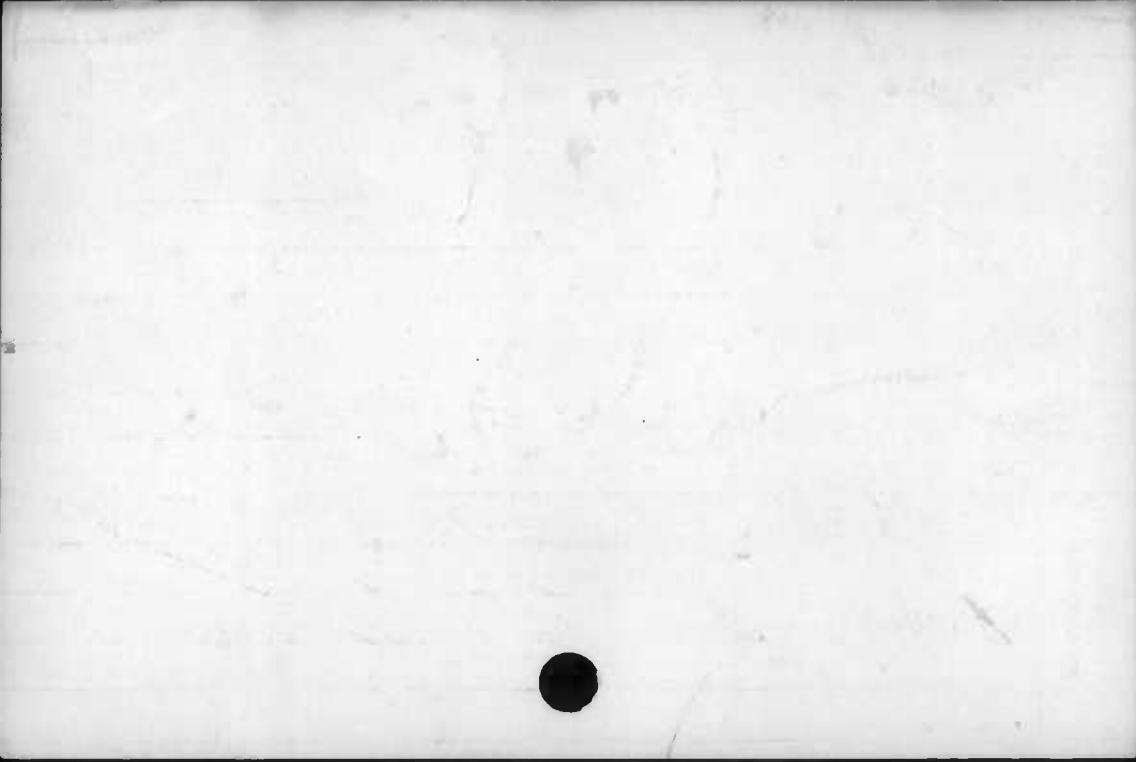


Name in Full <b>William L. Buhman</b>		CERTIFICATE OF DEATH	
Died at <b>Foxville</b> <small>Town</small>		<b>Frederick</b> <small>County</small>	
Date of death <b>1908</b> <small>Month</small> <b>12</b> <small>Day</small> <b>29</b>		Age <b>60</b> <small>Years</small> <b>5</b> <small>Months</small> <b>10</b> <small>Days</small>	
Sex <b>Male</b>		Color or Race <b>White</b>	
Occupation <b>Farmer</b>		Birthplace <b>Wolfsville Md</b>	
Where Residing if not at place of death <b>Foxville Md</b>			
Married, <del>Single</del> <b>Widowed</b>		Name of Wife or Husband <b>Octavo Buhman</b>	
Father's Name <b>Jacob Buhman</b>		Father's Birthplace <b>Deerfield Ind</b>	
Mother's Maiden Name <b>Eliza Pryor</b>		Mother's Birthplace <b>Wolfsville Md</b>	
Name of person giving information <b>Octavo Pryor</b>		How related to deceased <b>wife</b>	
CAUSES OF DEATH			
Primary <b>General Debility</b>		How long <b>6 months</b>	
Immediate <b>Heart Failure</b>		How long <b>one day</b>	
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>		Signature of Physician <b>Dr. M. Stefauner</b>	
		Address <b>Smithsburg</b>	
Accident or Suicide? <b>No</b>		<b>Maryland</b>	

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

179



Name  
in  
Full

Frank Chase

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

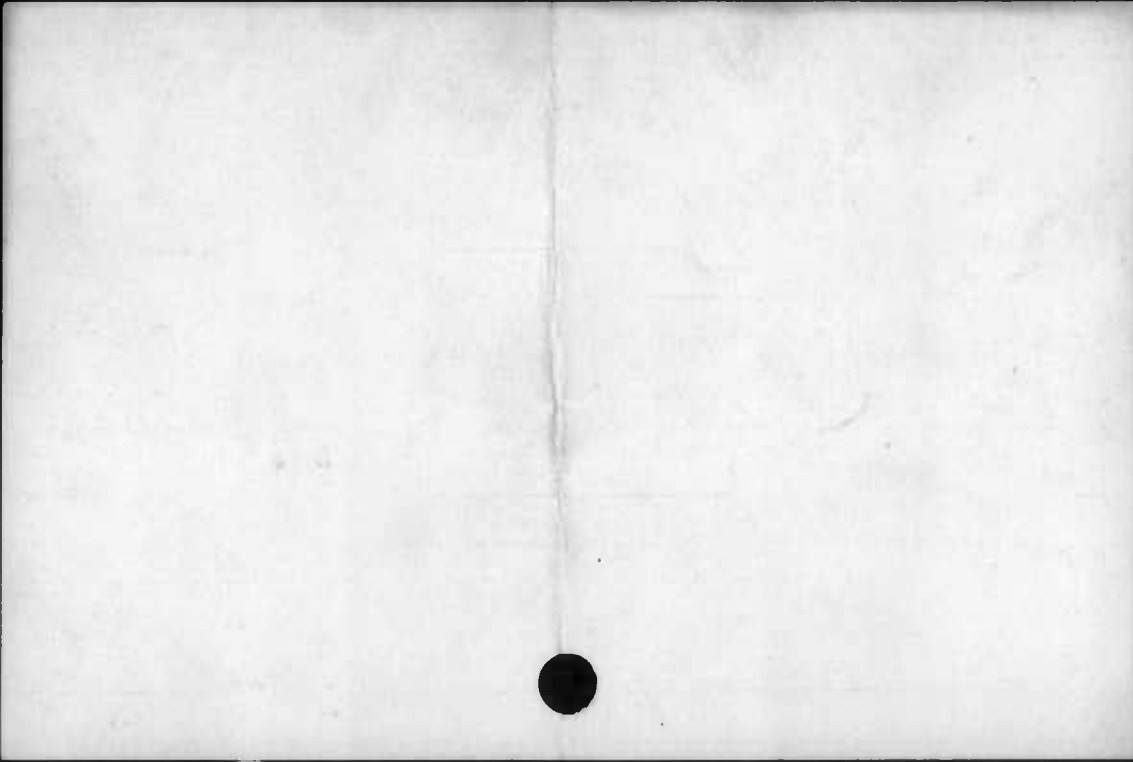
Died at <i>Mountain</i> <small>Town</small>		<i>Frederick</i> <small>County</small>		MARYLAND	
Date of death	<i>1908</i> <small>Month</small>	<i>Dec</i> <small>Day</small>	<i>25</i> <small>Age</small>	<i>67</i> <small>Years</small>	<i>X</i> <small>Months</small>
					<i>X</i> <small>Days</small>
Sex	<i>Male</i>	Color or Race	<i>Black</i>	Birth-place	<i>Ind</i>
Occupation	<i>none</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Widow</i>	Name of Wife or Husband	<i>Unknown</i>		
Father's Name	<i>Unknown</i>			Father's Birthplace	<i>Unknown</i>
Mother's Maiden Name	<i>"</i>			Mother's Birthplace	<i>"</i>
Name of person giving information	<i>Nicholas Gossaway</i>			How related to deceased	<i>No relation</i>

## CAUSES OF DEATH

40

PHYSICIAN  
OR CORONER

Primary	<i>1</i> <i>Carcinoma</i>	How long	<i>Several years</i>
Immediate	<i>Exhaustion</i>	How long	<i>" weeks</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>W. H. Bourne M.D.</i>
		Address	<i>Frederick, Md</i>
Accident or Suicide?	<i>neither</i>		





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Stephens* <sup>Town</sup> *Frederick* <sup>County</sup>Date of death *1905* <sup>Month</sup> *12* <sup>Day</sup> *21* <sup>Years</sup> *80*

Months

Days

Sex *Female*Color or  
Race*White*Birth-  
place*Frederick Co.,*

Occupation

*Spinster*Where Residing if not  
at place of death~~Married~~ Single  
~~or Widowed~~Name of Wife or  
HusbandFather's  
Name*John W. Copeland*Father's  
BirthplaceMother's  
Maiden Name*Lucretia Brown*Mother's  
BirthplaceName of person giving  
Information*Alice Michael*How related  
to deceased*Niece*

## CAUSES OF DEATH

Primary

*Senility*

How long

*8 days*

Immediate

*Grippe*

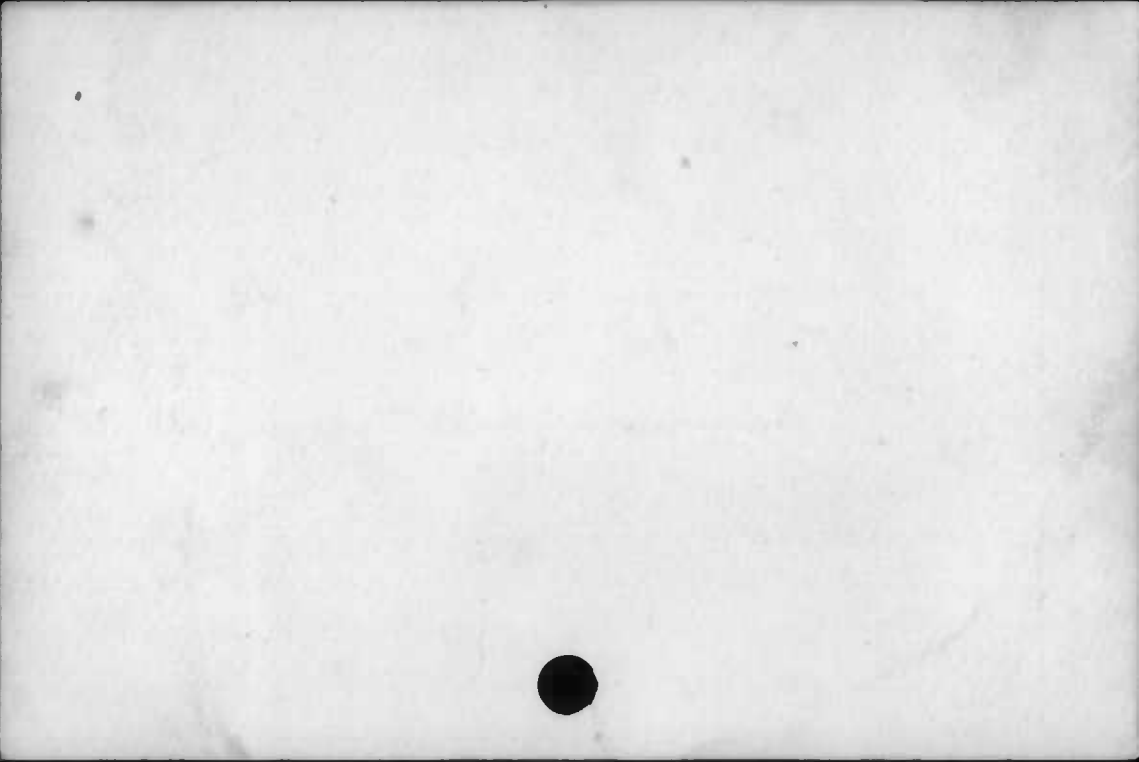
How long

*3 weeks*Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician*L. H. Bouley M.D.*

Address

*Adamsstown.**Frederick Co. Md.*

Accident or Suicide?



Name  
in  
Full

Ellen Louisa Corrigan

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Emmitsburg* <sup>Town</sup> *Frederick* <sup>County</sup> **MARYLAND**

Date of death *1908* <sup>Month</sup> *Dec* <sup>Day</sup> *20th* <sup>Years</sup> *82* <sup>Months</sup> *9* <sup>Days</sup> *2*

Sex *Female* Color or Race *White* Birth-place *New York*

Occupation *Sister of Charity* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *James Corrigan* Father's Birthplace *Ireland*

Mother's Maiden Name *Susan Colton* Mother's Birthplace *Ireland*

Name of person giving information *L. Bernadine Orendorf* How related to deceased *None*

## CAUSES OF DEATH

90

PHYSICIAN  
OR CORONER

Primary *Acute Bronchitis* How long *4 days*

Immediate *Congestion of the Lungs* How long *Six hours*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Phub B. Browner, M.D.*

Address *Emmitsburg*

Accident or Suicide? *No*



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>John Calvin Cronice</i>		Town <i>Fredericks</i>		County <i>Fredericks</i>		MARYLAND	
Died at <i>Fredericks</i>							
Date of death	1908	Month <i>12</i>	Day <i>10</i>	Age <i>65</i>	Years	Months <i>1</i>	Days <i>10</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth- place <i>Fredericks Co. Md</i>				
Occupation <i>Farmer (Retired)</i>	Where Residing if not at place of death <i>Same</i>						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Eleanora M. Baker</i>						
Father's Name <i>Joseph Cronice</i>	Father's Birthplace <i>F. Co Md</i>						
Mother's Maiden Name <i>Rebecca Brunner</i>	Mother's Birthplace <i>" " "</i>						
Name of person giving Information <i>Mrs. Cronice</i>	How related to deceased <i>Wife</i>						

## CAUSES OF DEATH

66

PHYSICIAN  
OR CORONER

Primary <i>Paralysis</i>	How long <i>Seven hours</i>
Immediate <i>Heart failure</i>	How long <i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. G. McComas</i>
	Address <i>Fredericks</i>
Accident or Suicide <i>no</i>	<i>Md</i>

Interment Dec. 12 - 08

" at Mt Olivet

Thomas F. Rice Exl.

Dr. M<sup>c</sup> Comas.

Dr M<sup>c</sup> Gurdy.

Name  
in  
FullGeorge Baltzell Winterman.  
Tcwn  
Chenoweth  
County  
Frederick

## CERTIFICATE OF DEATH

MARYLAND

Died at

Date

of death 1908

Month

December

Day

2nd

Age

53

Months

11

Days

18

Sex

Male

Color or  
Race

White

Birth-  
place

Walkersville

Occupation

Blacksmith

Where Residing if not  
at place of death

Walkersville

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Annie Matilda Winterman

Father's  
Name

George Henry Winterman

Father's  
Birthplace

Walkersville

Mother's  
Maiden Name

Susan Smith

Mother's  
Birthplace

Walkersville

Name of person giving  
Information

Franklin Harshman

How related  
to deceased

Brother-in-law

## CAUSES OF DEATH

64

Primary

Paralysis

How long

Unknown

Immediate

Hemorrhage in brain

How long

Four hours

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

M. S. Pearce

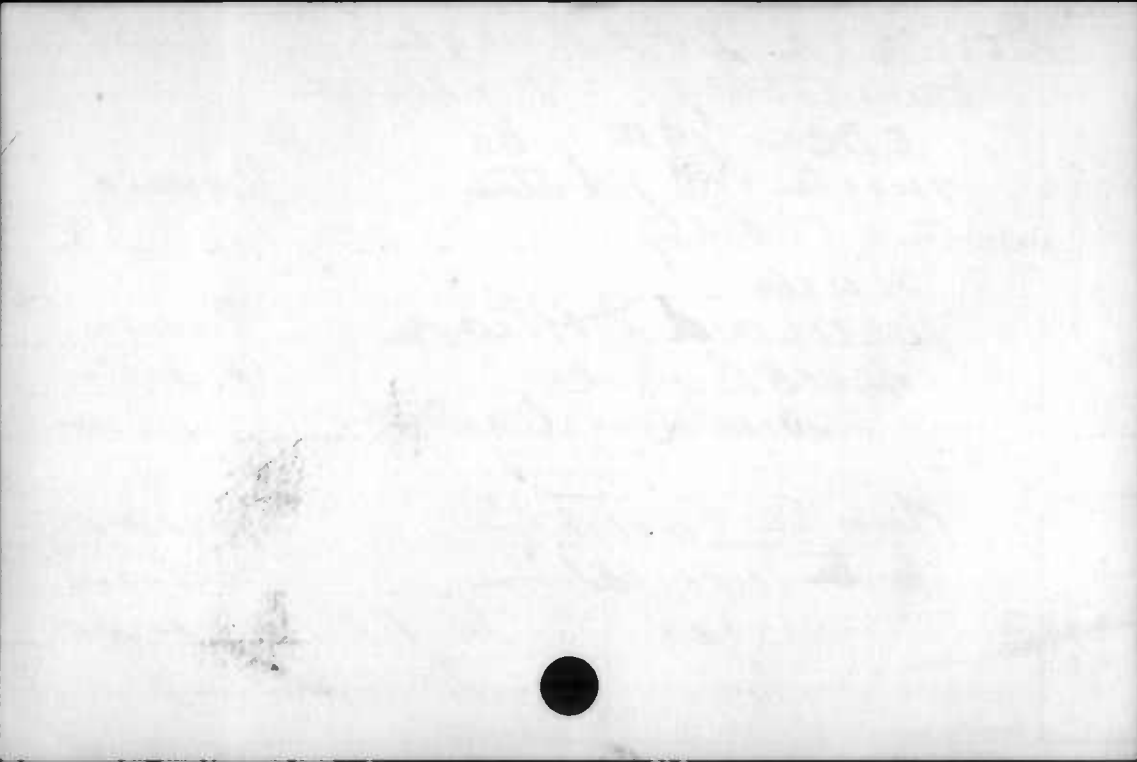
Address

Unionville

Maryland

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

Doretta Dodt Hage

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Emmitsburg <sup>County</sup> Frederick MARYLAND

Date of death 1908 Dec 13<sup>th</sup> Age 60 Months 7 Days

Sex Female Color or Race White Birthplace Prussia

Occupation Sister of Charity Where Residing if not at place of death =

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Bernard Dohrtage Father's Birthplace Prussia

Mother's Maiden Name Agnes Buhren Mother's Birthplace Prussia

Name of person giving information H. Bernadine Overdorf How related to deceased None

## CAUSES OF DEATH

104

PHYSICIAN  
OR CORONER

Primary Anemic Gastritis How long Two years

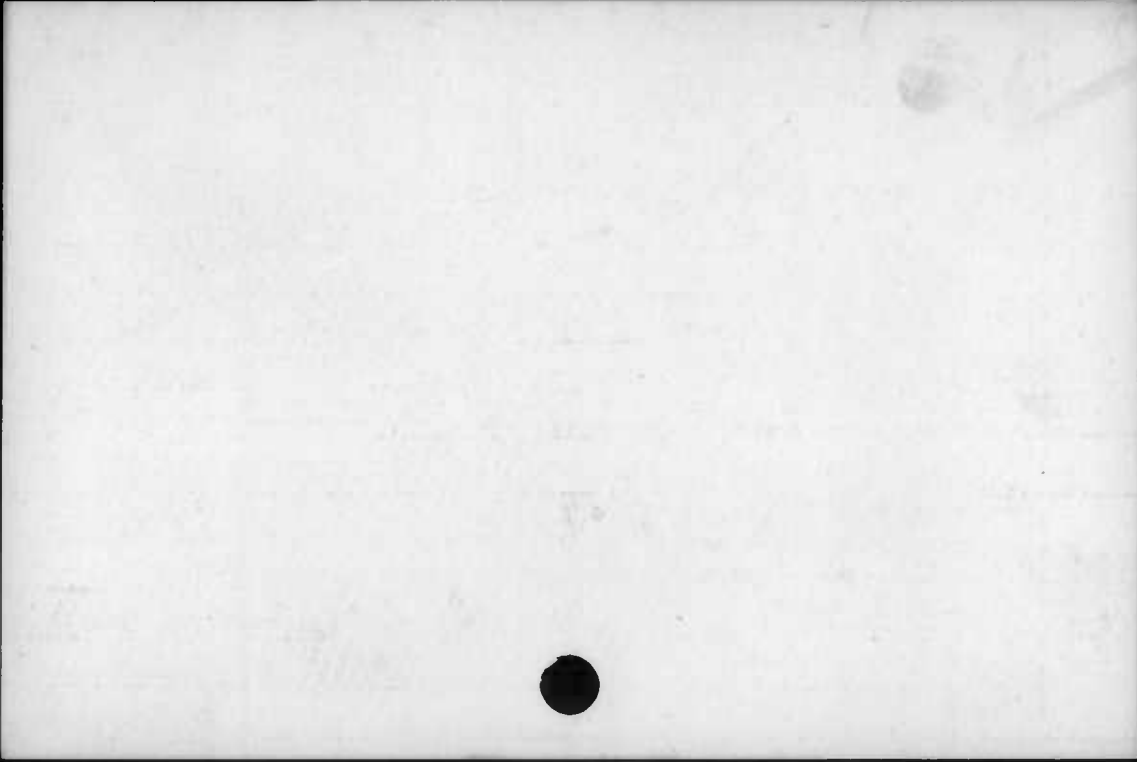
Immediate Acute Indigestion How long One hour

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician John B. Brannan

Address Emmitsburg

Accident or Suicide?



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Josiah Loub*  
Town *Middleton* County *Piedmont*  
Died at  
Date of death *1908 Dec 29* Age *74* Months *7* Days *24*  
Sex *Male* Color or Race *White* Birth-place *Ind*  
Occupation *Retired* Where Residing if not at place of death  
Married, Single or Widowed *Married* Name of Wife or Husband *Laura J Loub*  
Father's Name *Enos Loub* Father's Birthplace *Ind*  
Mother's Maiden Name *Elizabeth Shepper* Mother's Birthplace *Ind*  
Name of person giving information *George Loub* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Paralysis of throat* How long *3 days*  
Immediate *Exhaustion* How long

Are the name, age, sex, color, date and place correctly given above?

*Yes*

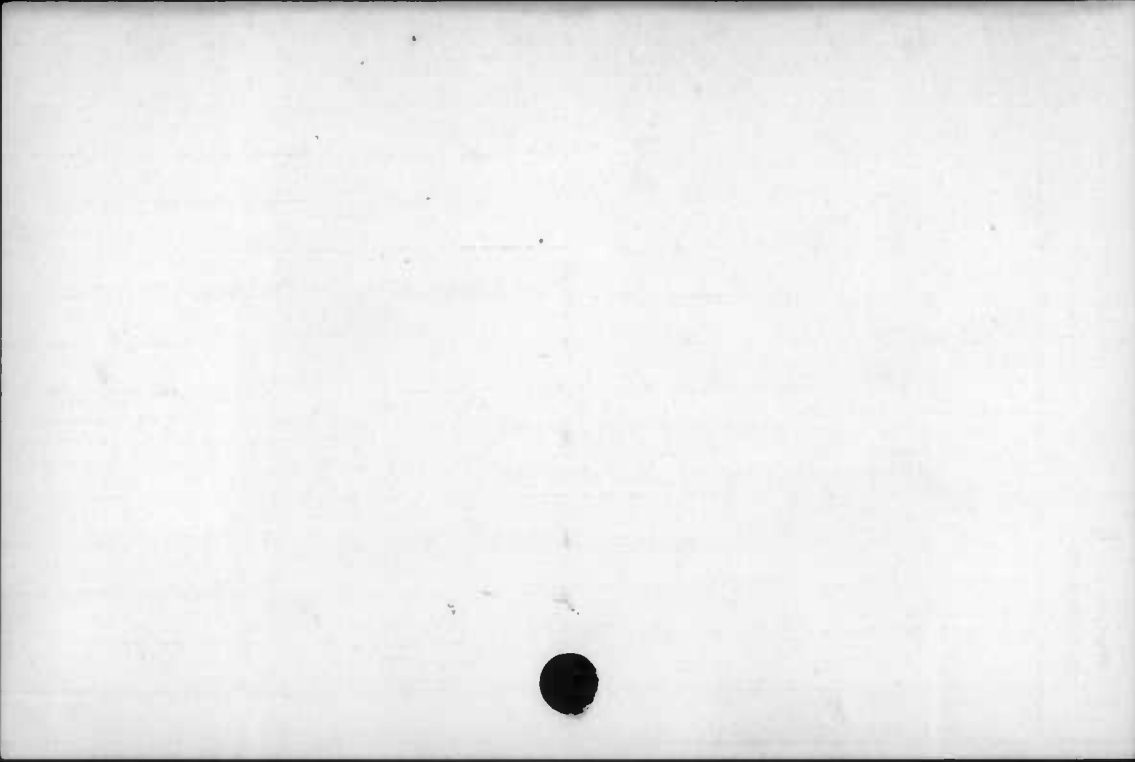
Signature of Physician

Address

*A. C. Lamm*  
*Middleton*  
*Ind*

Accident or Suicide?

*No*



Name  
in  
Full

John P. Enoch

## CERTIFICATE OF DEATH

Town

Woodville

County

Frederick

MARYLAND

Date

of death 1908

Month

Dec

Day

18

Age

Years

70

Months

20

Days

3

Sex

male

Color or  
Race

White American

Birth-  
place

Pa.

Occupation

Retired

Where Residing if not  
at place of death

—

Name of  
or WidowedName of Wife or  
Husband

Malinda Enoch

Father's  
Name

Charles Enoch

Father's  
Birthplace

Pa.

Mother's  
Maiden Name

Sallie Philips

Mother's  
Birthplace

Newfoundland

Name of person giving  
information

Virginia Moleworth

How related  
to deceased

Daughter

## CAUSES OF DEATH

(81)

Primary

Arterio sclerosis

How long

Several years

Immediate

Heart disease

How long

Several months

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

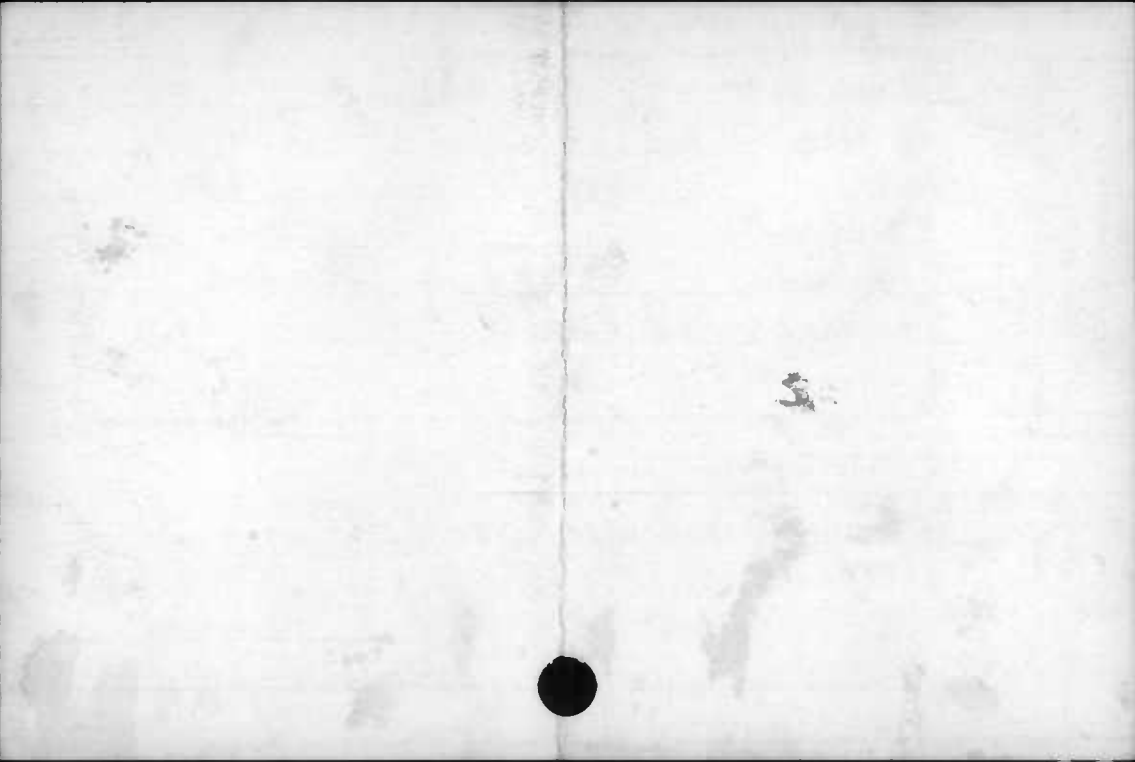
W. E. Laver

Address

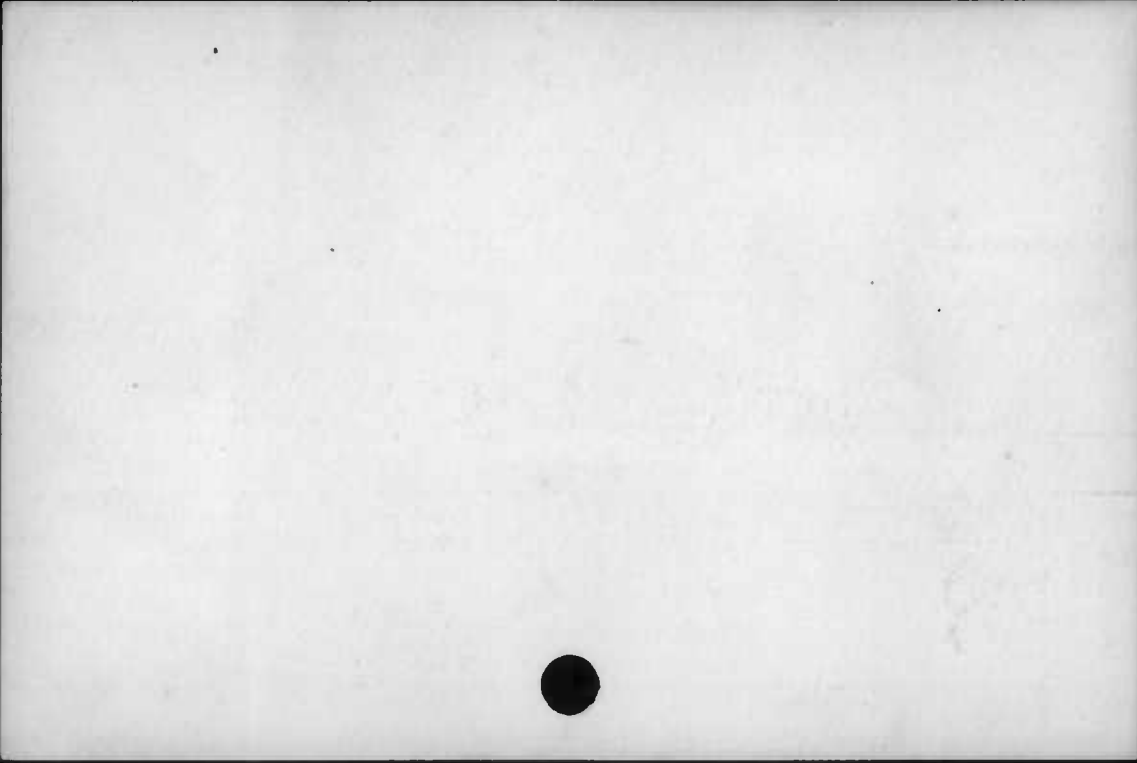
Not living now

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name in Full		Samuel Flautt				CERTIFICATE OF DEATH								
TO BE ANSWERED BY NEAREST FRIEND		Died at <sup>Town</sup> Emmitsburg		<sup>County</sup> Frederick		MARYLAND								
		Date of death	1908	Month	Dec	Day	24	Age	9.2	Years	5	Months	13	Days
		Sex	Male		Color or Race	White		Birth-place	Pa.					
		Occupation	Carpenter			Where Residing if not at place of death								
		Married, Single or Widowed	Married		Name of Wife or Husband		Mary Miller							
Father's Name		Samuel Flautt					Father's Birthplace		Pa					
Mother's Maiden Name		unknown					Mother's Birthplace		Pa					
Name of person giving information		Daniel Sweney					How related to deceased		Undertaker					
		CAUSES OF DEATH						(79)						
PHYSICIAN OR CORONER		Primary		Mitral Insufficiency				How long		5 yrs.				
		Immediate		Cardiac Dilatation				How long		3 weeks				
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		B. L. Garrison						
						Address		Emmitsburg Md.						
		Accident or Suicide?												





Name  
in  
Full

## CERTIFICATE OF DEATH

Miss Mary Montgomery Fort

Town

County

MARYLAND

Died at

Indenich

Indenich-

Date

of death 1908

Month

12

Day

16

Years

Age 17

Months

X

Days

5-

Sex

Female

Color or  
Race

White

Birth-  
place

County

Occupation

None

Where Residing if not  
at place of death

X

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

X

Father's  
Name

Stephen S. Fort.

Father's  
Birthplace

County

Mother's  
Maiden Name

Emma Cook-

Mother's  
Birthplace

Pa -

Name of person giving  
Information

Emma Cook

How related  
to deceased

Mother

## CAUSES OF DEATH

47

Primary

Acute Articular Rheumatism

How long

2 wks

Immediate

Pericarditis

How long

1 wk

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Franklin Buchanan

Address

Indenich Md

Accident or Suicide

X

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

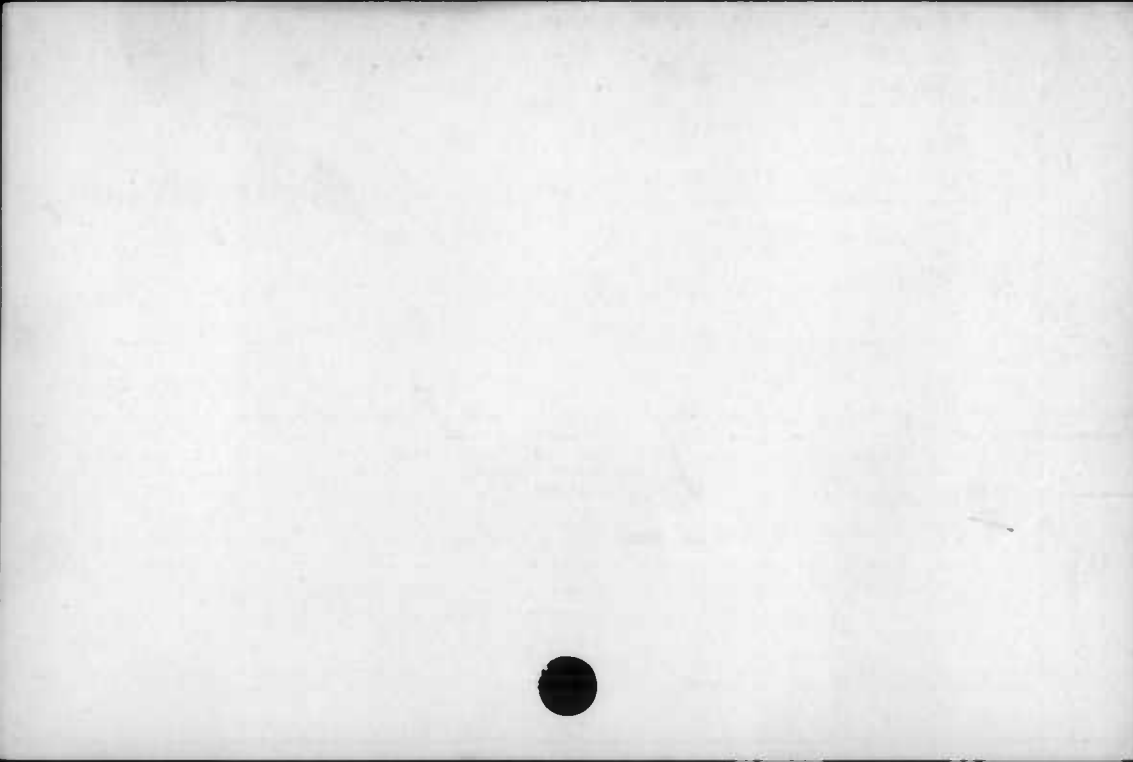
Name George W. Fouty Town Burkittsville County Frederick  
 Died at Burkittsville  
 Date of death 1908 Month 12 Day 9 Age 72 Years Months — Days 15  
 Sex Male Color or Race White Birth-place Wash Co. Md  
 Occupation Farmer Where Residing if not at place of death —  
 Married, Single or Widowed Married Name of Wife or Husband Eleanor C.  
 Father's Name Don't Know Father's Birthplace Don't Know  
 Mother's Maiden Name Don't Know Mother's Birthplace Don't Know  
 Name of person giving information Eleanor Fouty How related to deceased Wife

CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary Interstitial Nephritis How long Years  
 Immediate Paralysis How long 3 mo  
 Are the name, age, sex, color, date and place correctly given above? Yes  
 Signature of Physician Geo Fouty  
 Address Burkittsville  
 Accident or Suicide? aid



Name  
in  
Full

William Henry Garber

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

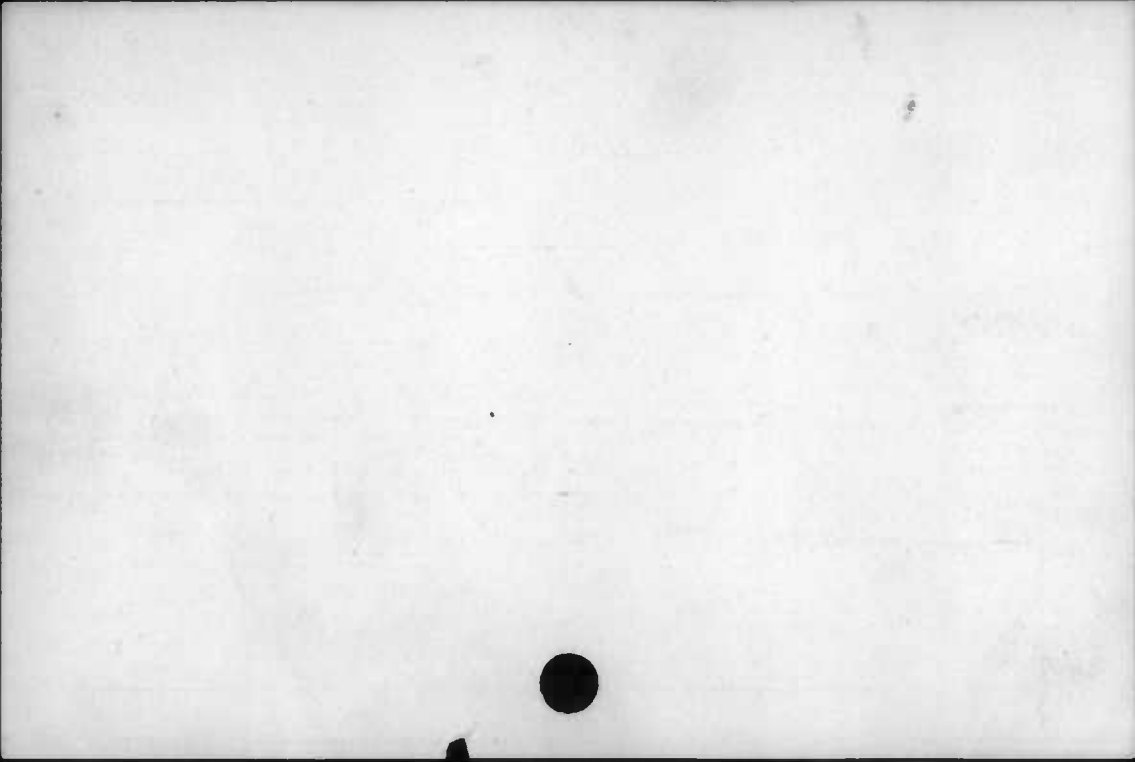
Died at <i>Edgewood</i> Town		<i>Fredricks</i> County		MARYLAND	
Date of death <i>1908</i> Month <i>Dec.</i>		Day <i>21<sup>st</sup></i>	Years <i>81</i>	Months <i>11</i>	Days <i>21</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>			
Occupation <i>Shoemaker</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Lizzie Garber</i>				
Father's Name <i>Jacob Garber</i>	Father's Birthplace <i>Pennsylvania</i>				
Mother's Maiden Name <i>Catherine Gustin</i>	Mother's Birthplace <i>Mo.</i>				
Name of person giving information <i>W. E. Garber</i>	How related to deceased <i>Son</i>				

## CAUSES OF DEATH

108

PHYSICIAN  
OR CORONER

Primary <i>Strangulated Inguinal Hernia</i>	How long <i>3 days</i>
Immediate <i>Gangrene</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John H. Leath</i>
	Address <i>New Windsor</i>
	<i>Cornell Co. Mo.</i>
Accident or Suicide? <i>-</i>	



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Levin C. Guttinger*

Town *Frederick* County *Frederick* MARYLAND

Died at *Frederick*

Date of death 190*8* Month *Dec* Day *29* Age *70* Months *3* Days

Sex *Male* Color or Race *White* Birth-place *Ind*

Occupation *Letter* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *Jennie Myers*

Father's Name *George Guttinger* Father's Birthplace *Frederick Co Md*

Mother's Maiden Name *Charlotta Schell* Mother's Birthplace *" "*

Name of person giving Information *Mrs Levin C Guttinger* How related to deceased *Wife*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Unspecified Condition General* How long *1 month*

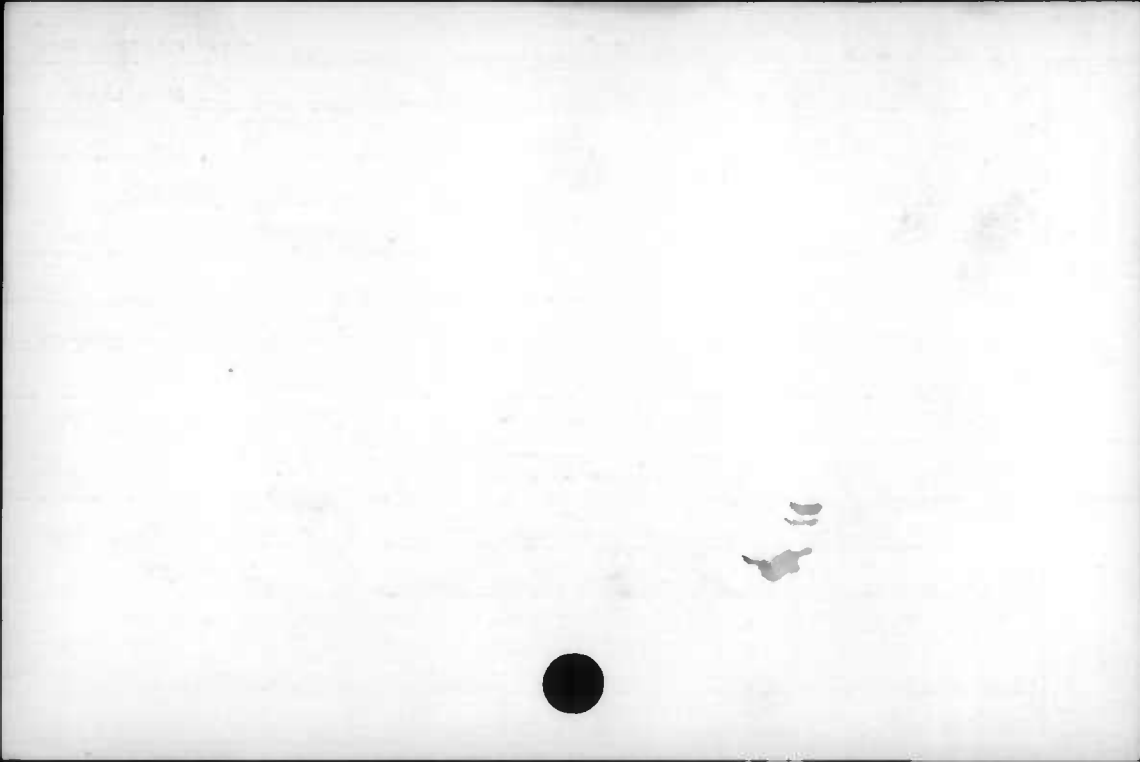
Immediate *Cardiac Paralysis* How long *3 Hours*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *F. N. Hedger*

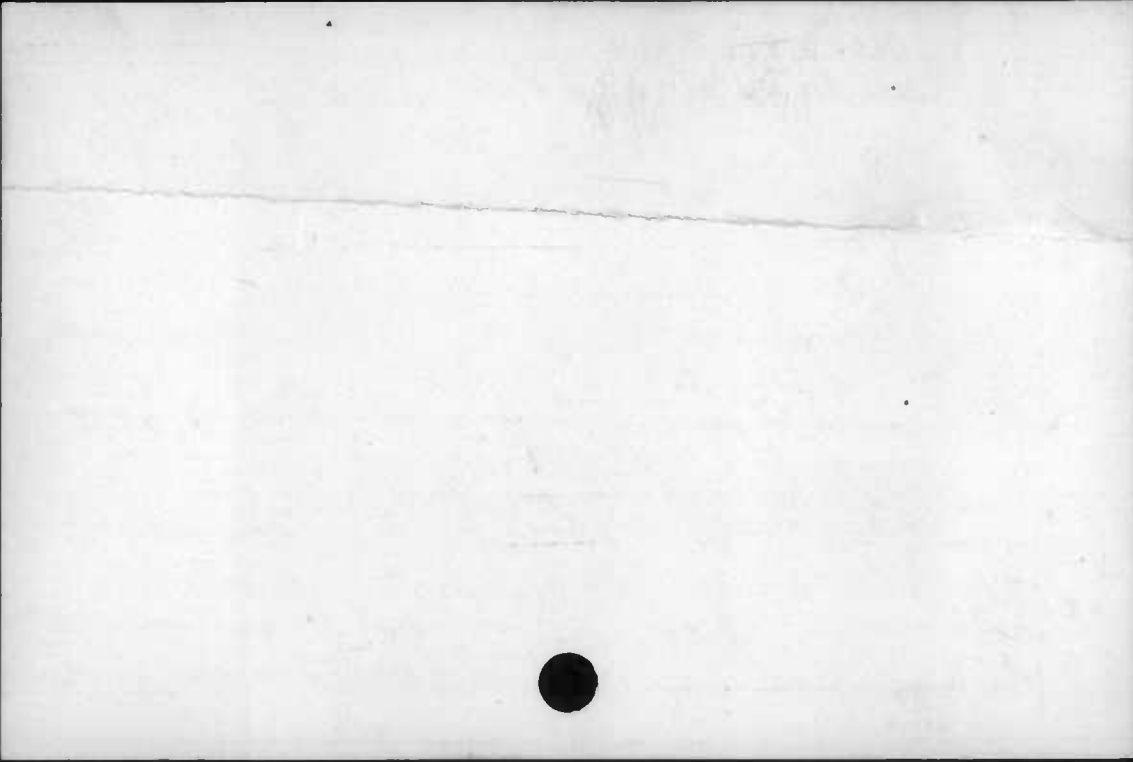
Address *Frederick*

Accident or Suicida





Name in Full		Joshua Gross				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Mountaineer Hospital.		County Frederick		MARYLAND	
	Date of death	1908	Month Dec	Day 4	Age 28	Years X	Months X
	Sex	Male		Color or Race	Black		Birth-place
	Occupation	Barber		Where Residing if not at place of death		Frederick City	
	Married, Single or Widowed	Single		Name of Wife or Husband		X	
	Father's Name	Unknown		Father's Birthplace		Unknown	
	Mother's Maiden Name	"		Mother's Birthplace		"	
Name of person giving information	Physician		How related to deceased		Nephew		
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right;">(120)</div>							
PHYSICIAN OR CORONER	Primary	Chronic Alcoholism				How long	Several years
	Immediate	Interstitial Nephritis & Exhaustion				How long	Indefinite
	Are the name, age, sex, color, date and place correctly given above?		None		Signature of Physician		U. G. Moore M.D.
	as could be ascertained		Address		Frederick, Md.		
Accident or Suicide?							



Name

in

Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Summitburg</i> <sup>Town</sup>		<i>Frederick</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1908</i>	Month	<i>Dec</i>	Day	<i>17<sup>th</sup></i>
Age	<i>74</i>	Years	<i>6</i>	Months	<i>20</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Ireland</i>
Occupation	<i>Gardener</i>		Where Residing if not at place of death <i>=</i>		
Married, Single or Widowed	<i>Widowed</i>	Name of Wife or Husband	<i>Wife = Francis Crab</i>		
Father's Name	<i>John Henly</i>		Father's Birthplace	<i>Ireland</i>	
Mother's Maiden Name	<i>Nora Henly</i>		Mother's Birthplace	<i>Ireland</i>	
Name of person giving information	<i>Mr. David Gehring</i>		How related to deceased	<i>Daughter</i>	

## CAUSES OF DEATH

91

PHYSICIAN  
OR CORONER

Primary	<i>Chronic Bronchitis</i>	How long	<i>Three years</i>
Immediate	<i>Hemorrhage of the Lungs</i>	How long	<i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>John B. Brown</i>
		Address	<i>Summitburg Md</i>
Accident or Suicide?			



Name  
in  
Full

George Alexander Hood

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Ijamsville</i> Town			County <i>Frederick</i>			MARYLAND	
Date of death	<i>1908</i>	Month <i>12</i>	Day <i>31</i>	Age <i>86</i>	Years	Months <i>10</i>	Days <i>3</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Frederick Co. Md.</i>			
Occupation <i>Cooper</i>			Where Residing if not at place of death <i>at place of death</i>				
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Mary J. Barr</i>					
Father's Name <i>Alexander Hood</i>			Father's Birthplace <i>Scotland</i>				
Mother's Maiden Name <i>Elizabeth Hood</i>			Mother's Birthplace <i>England</i>				
Name of person giving information <i>Mrs T. L. Crawford</i>			How related to deceased <i>Daughter</i>				

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary	<i>Chronic valvular Disease of the heart</i>	How long	<i>6 years</i>
Immediate	<i>Failure in compensation and syncope</i>	How long	<i>4 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>George H. Riggs M.D.</i>	
		Address <i>Ijamsville Md.</i>	
Accident or Suicide? <i>no.</i>			

Mr Elliot

Jan 2 1908

Library F.D.

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Joshua Waller James*

Town *Fredrick* County *Fredrick* MARYLAND

Died at *Fredrick*

Date of death 1908 Month *12* Day *27* Age *72* Months *—* Days *—*

Sex *Male* Color or Race *White* Birth-place *Fredrick Md*

Occupation *Brick Mason* Where Residing if not at place of death *—*

Married, ~~Single~~ *Single* Name of Wife or Huaband *Mary Baker*

Fether's Name *Washington James* Fether's Birthplace *Fredrick Md*

Mother's Maiden Name *Catharine Waller* Mother's Birthplace *" "*

Name of person giving Information *Wm B James* How related to deceased *Son*

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary *Unknown* How long *Unknown*

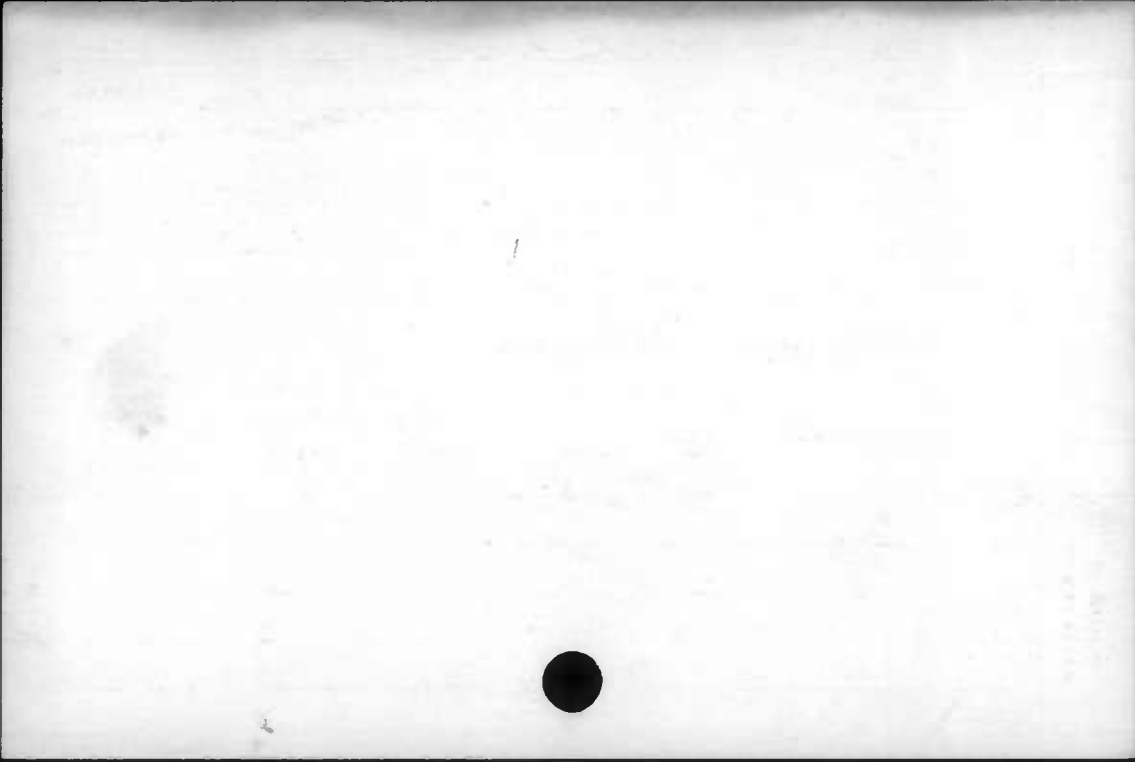
Immediate *Cardiac Paralysis* How long *Unknown*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *R. L. Lysons*

Address *Fredrick, Md*

Accident or Suicide





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town *Jones (Infant)* County *Frederick* **MARYLAND**

Died at *Frederick*

Date of death 1908 Month *12* Day *23* Age *—* Years *—* Months *—* Days *5*

Sex *Female* Color or Race *Black* Birth-place *City*

Occupation *—* Where Residing if not at place of death *Same*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Daniel Jones* Father's Birthplace *Alto*

Mother's Maiden Name *Lucy Dooven* Mother's Birthplace *12*

Name of person giving Information *Mrs. Jones* How related to deceased *Mother*

CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

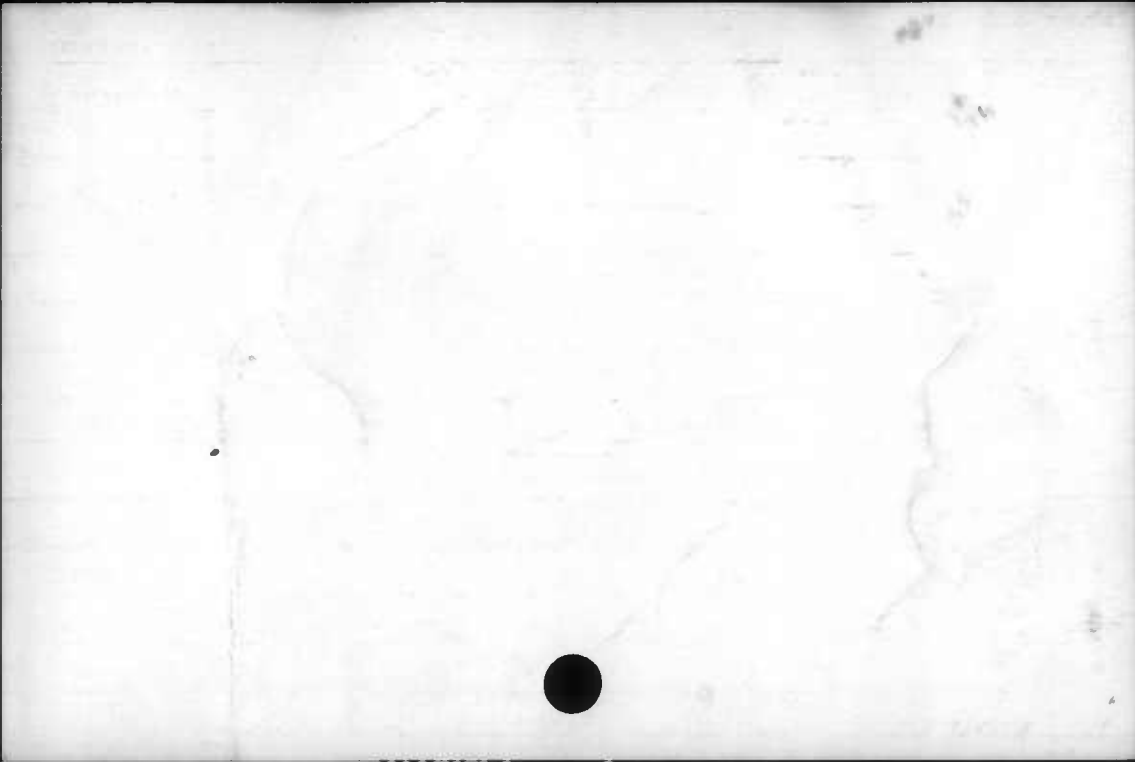
Primary *Mal nutrition* How long *Since birth*

Immediate *Exhaustion* How long *"*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *W. J. Doorn MD* Address *Frederick, Md*

Accident or Suicide *—*



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

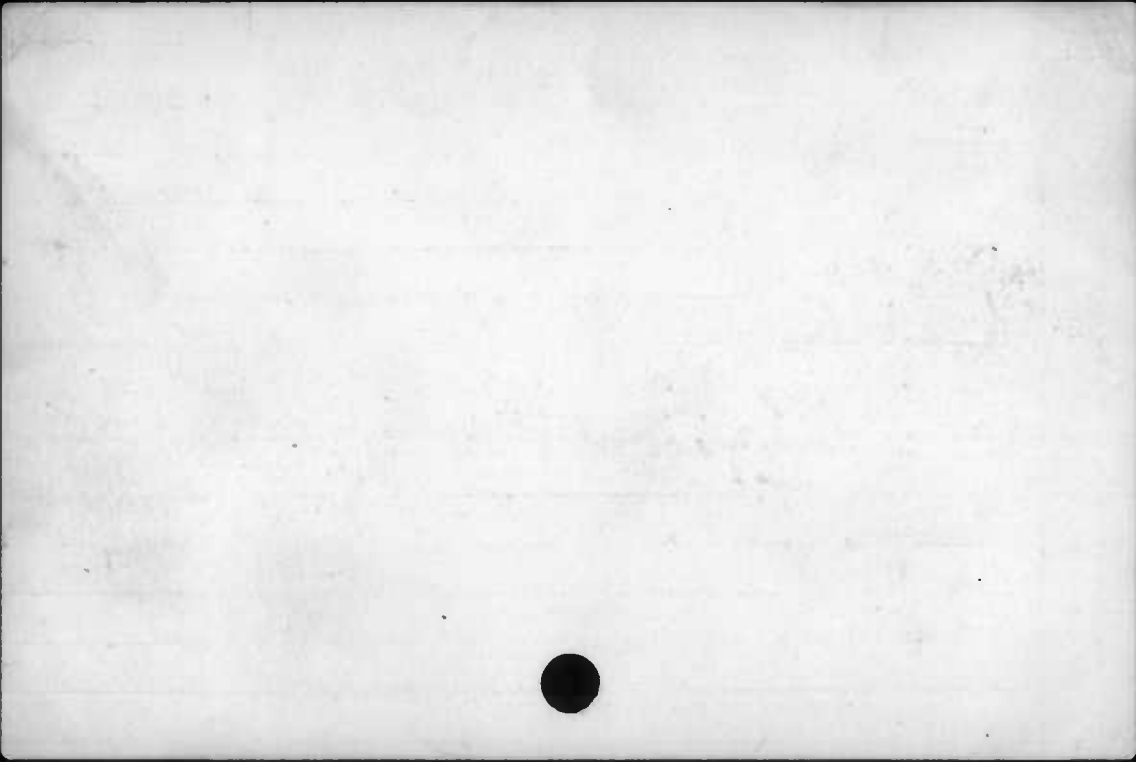
Name *George Jones* County *Frederick*  
 Died at *Baltimore* MARYLAND  
 Date of death *1908 Dec 13* Age *83* Years *9* Months *28* Days  
 Sex *Male* Color or Race *White* Birth-place *Md*  
 Occupation *Retired* Where Residing if not at place of death  
 Married, Single or Widowed *Married* Name of Wife or Husband *Elizabeth Jones*  
 Father's Name *Joshua Jones* Father's Birthplace *Md*  
 Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*  
 Name of person giving information *John Sigler* How related to deceased *Son-in-law*

## CAUSES OF DEATH

142

PHYSICIAN  
OR CORONER

Primary *Senile Toxicemia Gangrene* How long *3 weeks*  
 Immediate *Acute Toxicemia from gangrene products* How long  
 Are the name, age, sex, color, date and place correctly given above? *and bowels* Signature of Physician *Geo. Yortee M.D.*  
 Address *Burkettsville Md*  
 Lower two-thirds of right leg.  
 -Accident - Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

*Hemp (Infant)*

CERTIFICATE OF DEATH

Died at <i>Friedricks</i>		Town <i>Friedricks</i>		County <i>Friedricks</i>		STATE <i>MARYLAND</i>	
Date of death <i>1908</i>		Month <i>12</i>		Day <i>24</i>		Age <i>—</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Friedricks</i>		Months <i>—</i>	
Occupation <i>—</i>		Where Reaiding if not at place of dasth <i>—</i>		Years <i>—</i>		Days <i>—</i>	
Married, Single or Widowed <i>Single</i>		Name of Wife or Huaband <i>—</i>		Father's Name <i>Henkensen</i>		Father's Birthplace <i>—</i>	
Mother's Maiden Nama <i>Lillie May Hemp</i>		Mother's Birthplace <i>Friedricks, Co, Md</i>		Name of person giving Information <i>Miss Forman Nurse</i>		How related to deceased <i>None</i>	

CAUSES OF DEATH

Primary	<i>Still born</i>	How long	<i>8</i>
Immediate	<i>—</i>	How long	<i>—</i>
Are the name, age, sex, color, data and place correctly given above? <i>yes</i>		Signature of Physician <i>S. S. Maynard</i>	
		Address <i>17 Second St</i>	
Accident or Suicide <i>—</i>		<i>From the 7th</i>	

Interment Dec 26 — 08

" at Mt Olivet Cemetery

Thomas P. Rice F.O.

~~Dr Maynard~~  
Dr Maynard

Dr McCurdy

Name  
in  
Full

Mrs Margaret A Keltram

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>McKays</i> <small>Town</small>		<i>Frederick</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i>	<i>Dec</i> <small>Month</small>	<i>23</i> <small>Day</small>	<i>60</i> <small>Years</small>	<i></i> <small>Months</small>	<i></i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Frederick County</i>		
Occupation <i>Housewife</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Wm G K Keltram</i>				
Father's Name <i>Jno Bell</i>	Father's Birthplace <i>Frederick County</i>				
Mother's Maiden Name <i>Matilda A Leuse</i>	Mother's Birthplace <i>" "</i>				
Name of person giving information <i>L J Angelberger</i>	How related to deceased <i>Son in Law</i>				

## CAUSES OF DEATH

45

PHYSICIAN  
OR CORONER

Primary <i>Sarcoma of Scapula - Paresis</i>	How long <i>One year</i>
Immediate <i>General Asthenia</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. O. Budding M.D.</i>
	Address <i>Frederick, Md.</i>
Accident or Suicide?	

(over)

Lablady-

My Christ Cemetery

Dec 25 1908



Name  
in  
Full

Morris Kluwanetsky

## CERTIFICATE OF DEATH

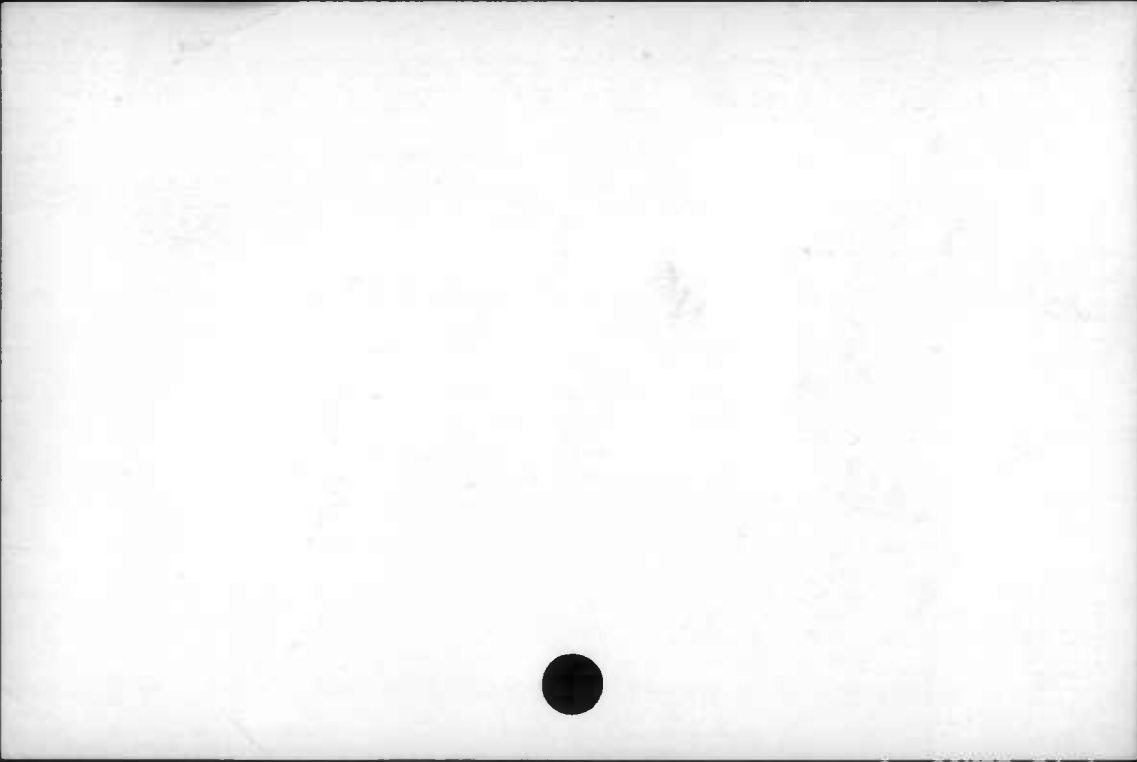
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Sabillasville		County Frederick		MARYLAND	
Date of death	1908	Month Dec	Day 20	Age 29	Months 1	Days 5	
Sex	m		Color or Race	white (Jewish)		Birth- place	Baltimore, Md
Occupation	black			Where Residing if not at place of death		632 W. Fayette St., Balt. Md	
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Samuel Kluwanetsky				Father's Birthplace	Russia	
Mother's Maiden Name	Ida Kaplan				Mother's Birthplace	Russia	
Name of person giving Information	Father (Samuel Kluwanetsky)				How related to deceased	Father	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pulmonary Tuberculosis	How long	10 mo
Immediate	Pulmonary Edema	How long	36 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Bayard T. Crane
Yes No.		Address	Supt Md Tubercul. Sanat. State Sanat., Frederick Co., Md
Accident or Suicide			



Name  
in  
Full

Geo. D. Koontz

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Unionville</i>		Town <i>Frederick</i>		County		MARYLAND	
Date of death	190 <i>8</i>	Month	<i>12</i>	Day	<i>13</i>	Age	<i>76</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>		Months <i>12</i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Eliza Koontz</i>					
Father's Name <i>Joel Koontz</i>		Father's Birthplace <i>Delby Ridge Md</i>					
Mother's Maiden Name <i>Rebecca Shoen</i>		Mother's Birthplace <i>Oak Orchard ..</i>					
Name of person giving Information <i>Geo D Koontz</i>		<i>179</i>		How related to deceased <i>Son</i>			

## CAUSES OF DEATH

Primary	<i>General Debility</i>	How long	<i>2 years</i>
Immediate	<i>"</i>	How long	<i>"</i>

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

*M. Whitfield*

Address

*Unionville Md*

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

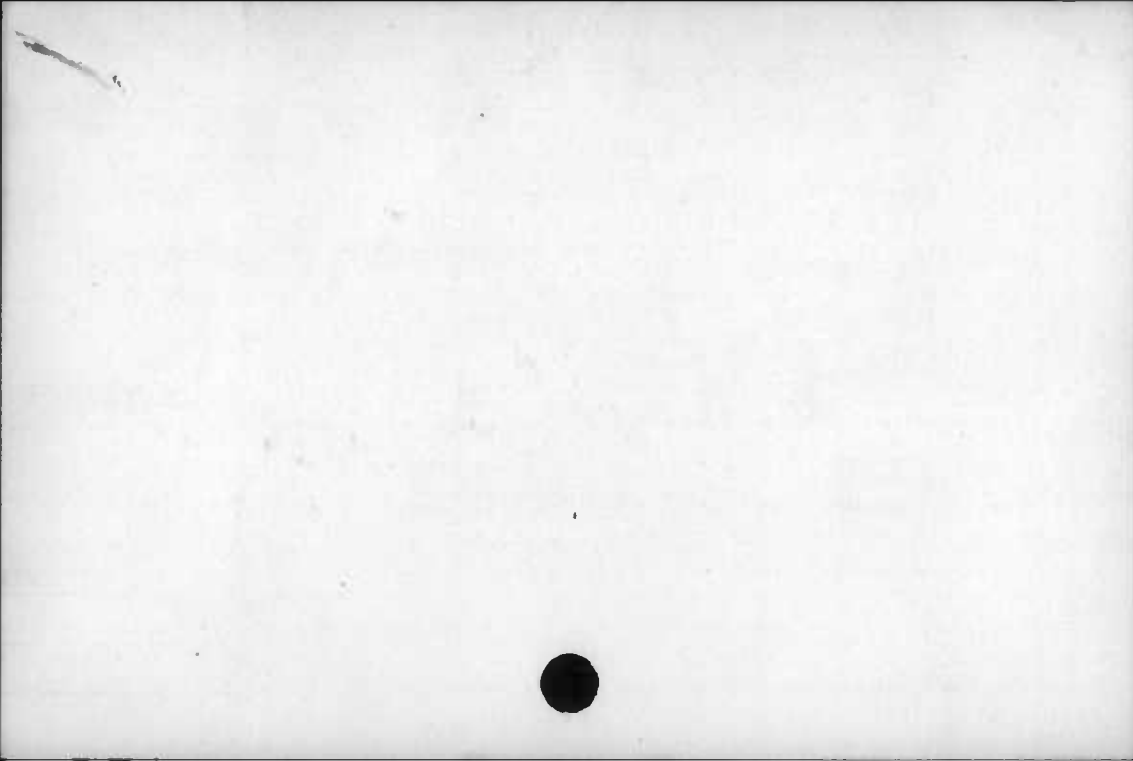
Died at <i>Mount Olive</i> <small>Town</small>		<i>Frederick</i> <small>County</small>		MARYLAND	
Date of death	<i>1908</i>	Month <i>dec</i>	Day <i>5</i>	Age <i>63</i>	Years <i>7</i>
Sex <i>Female</i>	Color or Race <i>Black</i>	Birthplace <i>Maryland</i>		Months <i>3</i>	
Occupation <i>Servant</i>	Where Residing if not at place of death <i>Mount Olive</i>				
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>John Pearl</i>				
Father's Name <i>Thomas Lawry</i>	Father's Birthplace <i>Virginia</i>				
Mother's Maiden Name <i>Matilda Jane Moore</i>	Mother's Birthplace <i>Maryland</i>				
Name of person giving information <i>Edward Sanders</i>	How related to deceased <i>no</i>				

## CAUSES OF DEATH

42

PHYSICIAN  
OR CORONER

Primary <i>Carcinoma Uterus</i>	How long <i>2 years</i>
Immediate <i>Gastritis</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Phetery Hewitt</i>
	Address <i>New Windsor Md.</i>
Accident or Suicide?	



Name  
in  
Full

CERTIFICATE OF DEATH

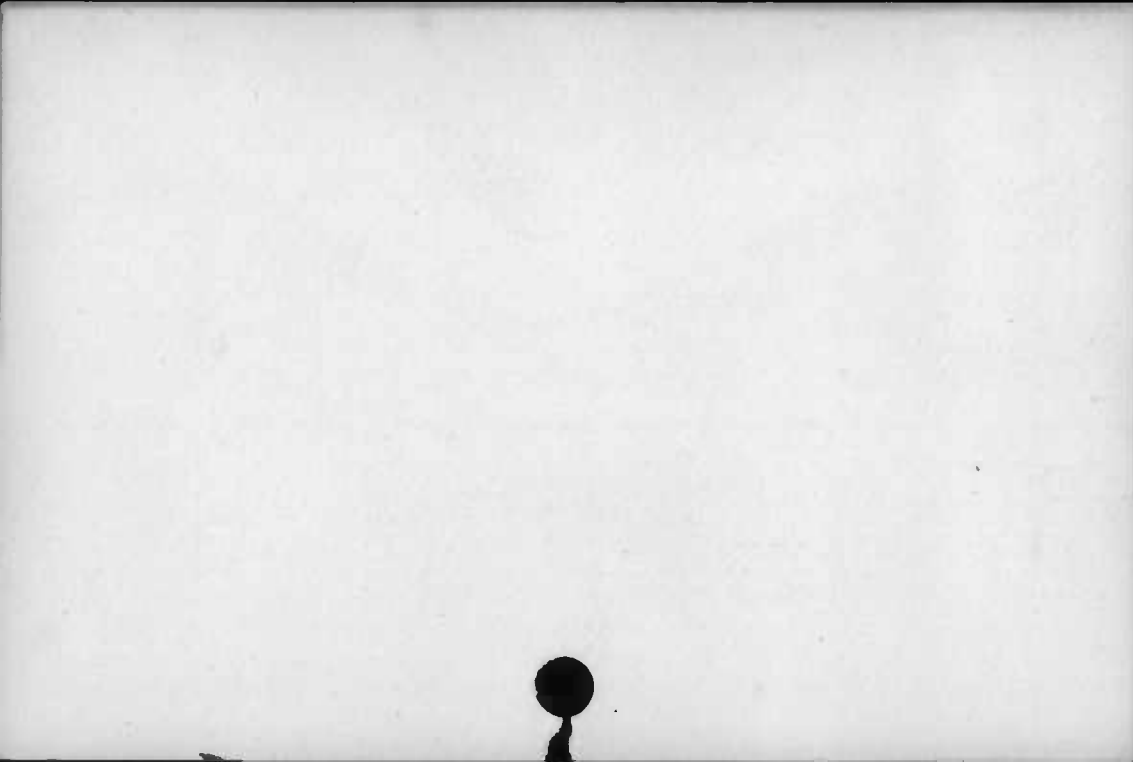
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <b>Emmitsburg</b>		County <b>Frederick</b>		MARYLAND	
Date of death	<b>1908</b>	Month <b>Dec.</b>	Day <b>8</b>	Age <b>74</b>	Months <b>10</b>
Sex <b>Male</b>	Color or Race <b>White</b>		Birth- place <b>Pa.</b>		
Occupation <b>Mason</b>		Where Residing if not at place of death			
Married, Single or Widowed <b>Widowed</b>		Name of Wife or Husband <b>Jennie Rider</b>			
Father's Name <b>Henry Slinger</b>		Father's Birthplace <b>Pa</b>			
Mother's Maiden Name <b>unknown</b>		Mother's Birthplace <b>Pa</b>			
Name of person giving in formation <b>B. A. Sweeney</b>		How related to deceased <b>Undertaker</b>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<b>Cardiac Hypertrophy</b>	How long <b>3 yrs</b>
Immediate	<b>Cardiac dilatation</b>	How long <b>2 wks.</b>
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		Signature of Physician <b>V.B. J. Jamison</b>
		Address <b>Emmitsburg Md.</b>
Accident or Suicide?		





Name  
in  
Full

## CERTIFICATE OF DEATH

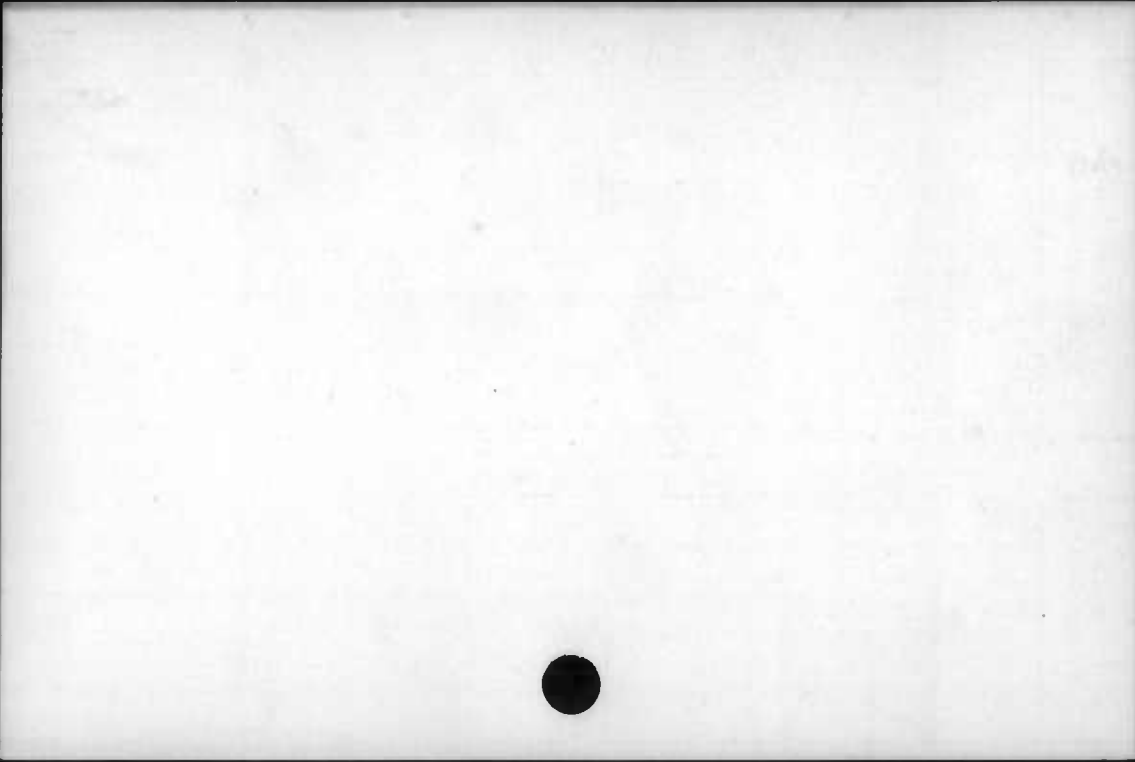
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Marshall Springs</i> <sup>Town</sup> <i>Breda</i> <sup>County</sup>		MARYLAND	
Date of death <i>1908</i>	Month <i>Dec</i>	Day <i>25</i>	Age <i>63</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Md.</i>	Months <i>5</i> Days <i>26</i>
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>Place of death</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Julia A. Maza</i>		
Father's Name <i>Charles W. McLain</i>	Father's Birthplace <i>Md.</i>		
Mother's Maiden Name <i>Julia Eichelberger</i>	Mother's Birthplace <i>Md.</i>		
Name of person giving information <i>Family Record</i>	How related to deceased <i>(120)</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Cause <i>Chronic Bright's Disease and</i>	How long <i>3 years</i>
Immediate Cause <i>At the time of Apoplexy</i>	How long <i>Eight months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. Haffner</i>
	Address <i>Breda Md.</i>
Accident or Suicide?	



Name  
in  
Full

Elizabeth R. Mackie

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

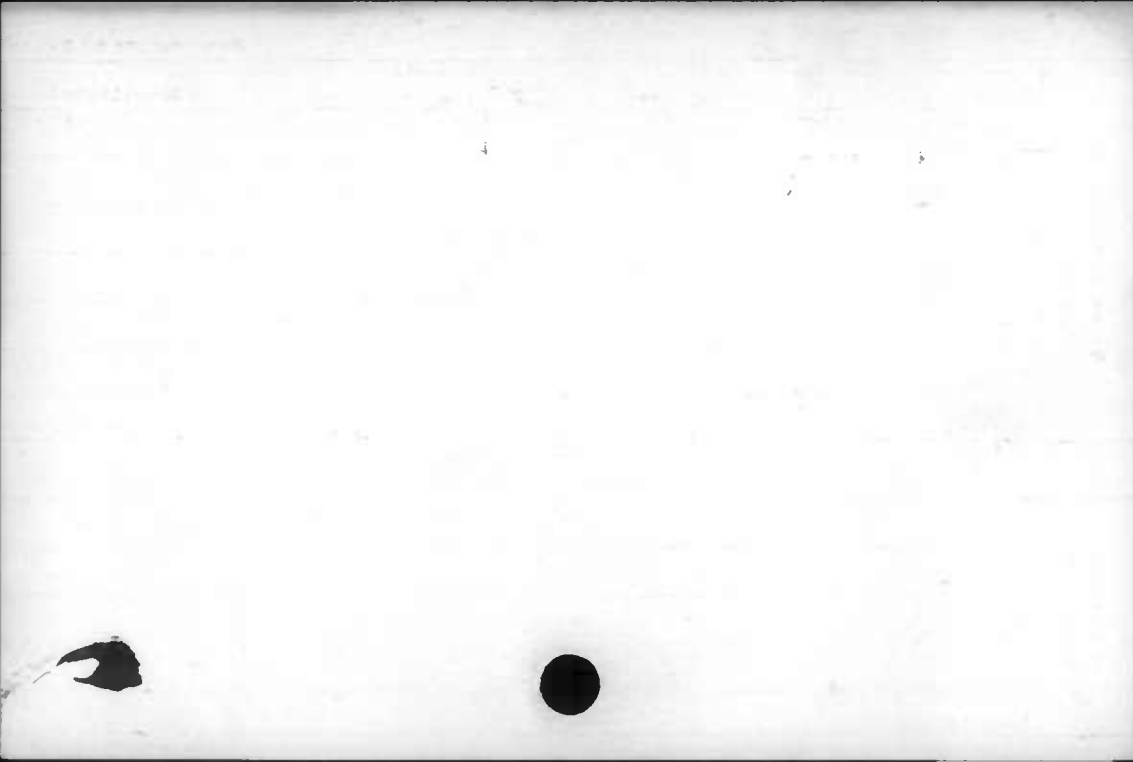
Died at		Town Sabillasville		County Frederick		MARYLAND	
Date of death		1908	Month December	Day 30	Age 34	Years —	Months —
Sex Female		Color or Race White		Birth-place Cecil Co., Md		Days —	
Occupation Housewife				Where Residing if not at place of death Elkton, Md			
Married, Single or Widowed Married		Name of Wife or Husband Eugene R. Mackie					
Father's Name T. T. Reynolds		Father's Birthplace Cecil Co., Md					
Mother's Maiden Name H. O. Biles		Mother's Birthplace Cecil Co., Md					
Name of person giving Information Eugene R. Mackie		How related to deceased Husband					

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	Pulmonary Tuberculosis	How long	4 mo.
Immediate	Pericarditis	How long	2 mo.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Bayard J. Crane M.D.	
Mrs. Mo.		Address State Sanatorium	
Accident or Suicide		Frederick Co., Maryland	



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Linganors Mills</i> Town		<i>Frederick</i> County		MARYLAND	
Date of death 190 <i>8</i> Month	<i>Dec</i> Day	Age <i>2</i> Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Linganors Mills</i>			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name <i>Wm Main</i>	Father's Birthplace <i>New Market</i>				
Mother's Maiden Name <i>Bessie Graybill</i>	Mother's Birthplace <i>Bartonsville</i>				
Name of person giving Information	How related to deceased				

CAUSES OF DEATH

18

PHYSICIAN  
OR CORONER

Primary	<i>Still Born</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>D E Stern</i>	
	Address <i>Maryland</i>	
Accident or Suicide		



Name  
In  
Full

## CERTIFICATE OF DEATH

Elizabeth C. HARMAN

Town

County

MARYLAND

Died at

Frederick

Frederick

Date

of death 1908

Month

12

Day

3

Age

66

Years

Months

6

Days

Sex

Female

Color or  
Race

White

Birth-  
place

Frederick

Occupation

Housewife

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife or  
Husband

Washington HARMAN

Father's  
Name

Jacob Schmidt

Father's  
Birthplace

Germany

Mother's  
Maiden Name

Elizabeth Walters

Mother's  
Birthplace

Germany

Name of person giving  
Information

Lewis Byer

How related  
to deceased

Son

## CAUSES OF DEATH

79

Primary

Cardiac Dilatation

How long

1 year

Immediate

Pulmonary Oedema

How long

1 hour

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

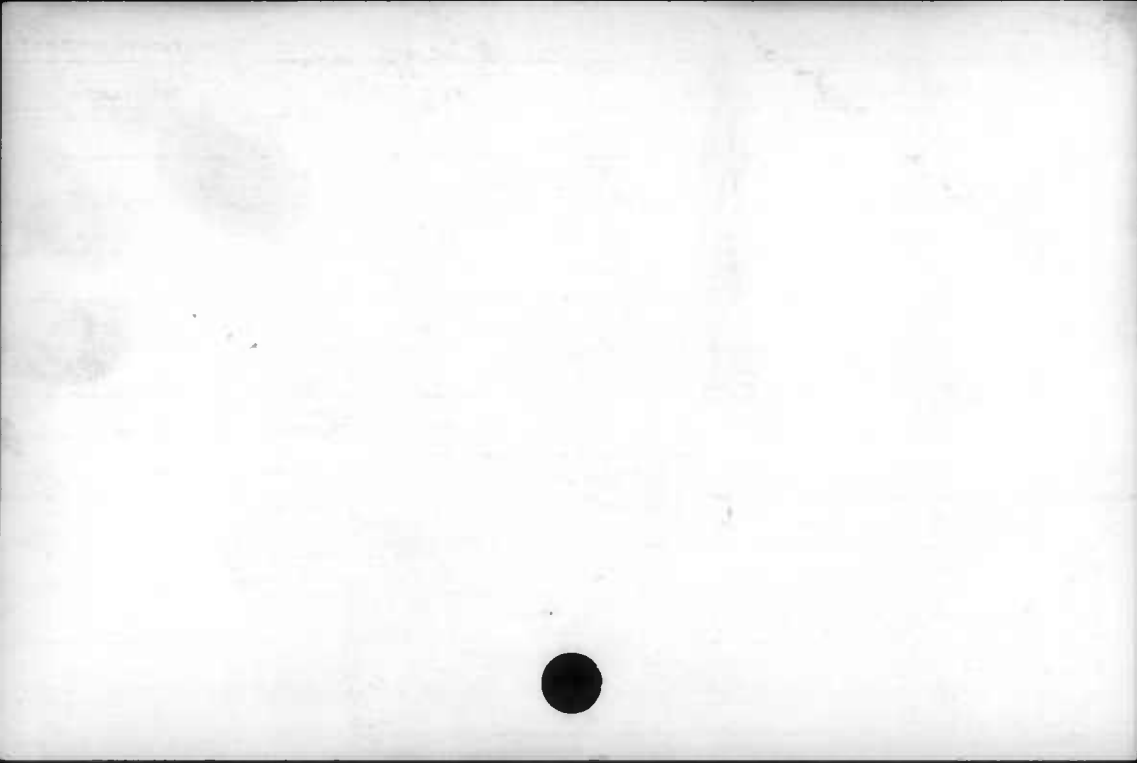
R. S. Lysons

Frederick

Md.

Accident or Suicida

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

Mrs Melinda L Keer

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> Brunswick <sup>County</sup> Fredrick MARYLANDDate of death 1908 <sup>Month</sup> Dec <sup>Day</sup> 20 Age <sup>Years</sup> 79 <sup>Months</sup> 1 <sup>Days</sup> 15

Sex Female Color or Race White Birth-place Virginia

Occupation none Where Residing if not at place of death -

Married, Single or Widowed Widowed Name of ~~Wife or~~ Husband George Keer

Father's Name Adam Thober Father's Birthplace Virginia

Mother's Maiden Name Catherine Potterfield Mother's Birthplace Virginia

Name of person giving Information Mrs Mary Kalk How related to deceased Sister

## CAUSES OF DEATH

65

Primary Softening of the Brain

How long 3 Weeks

Immediate Exhaustion

How long 4 days

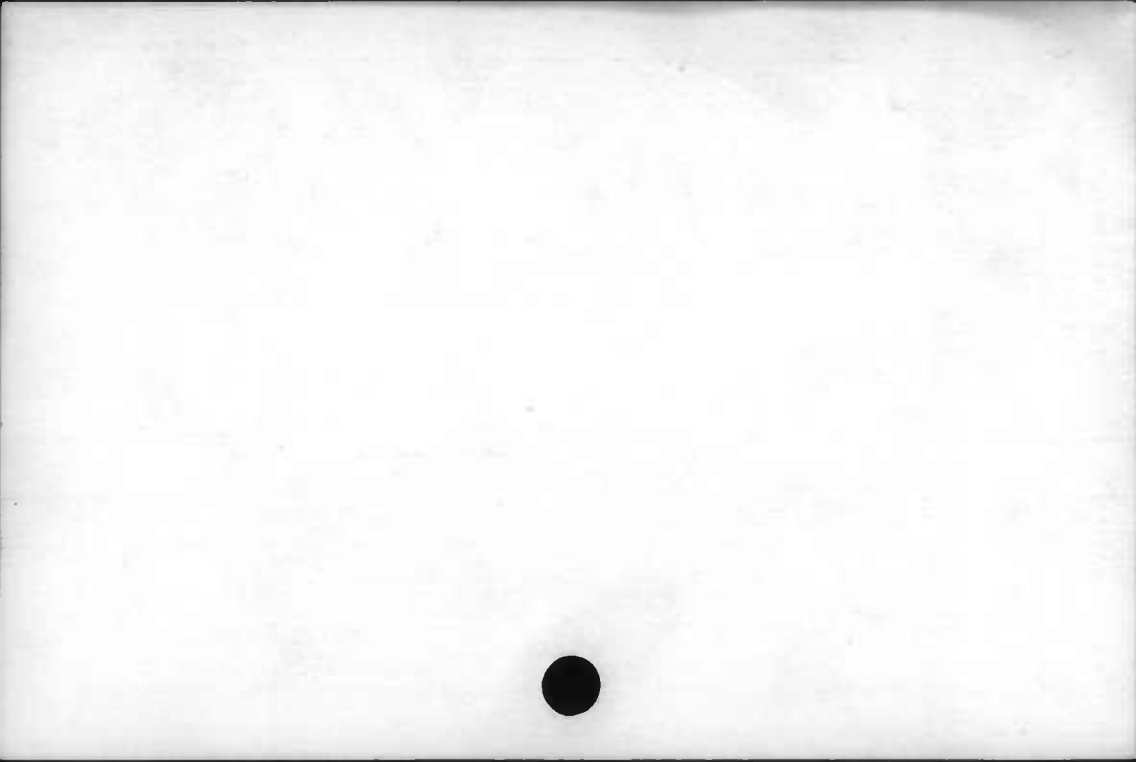
Are the name, age, sex, color, date and place correctly given above? Jc

Signature of Physician

Address

H B Hedges  
Brunswick Md

Accident or Suicide



Name  
in  
Full

William Orme

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Park Mills</u> <small>Town</small>		<u>Frederick</u> <small>County</small>		MARYLAND	
Date of death	<u>1908</u>	<u>Dec.</u> <small>Month</small>	<u>27</u> <small>Day</small>	Age <u>80</u> <small>Years</small>	<u>5</u> <small>Months</small>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Ind</u>		
Occupation <u>Farmer</u>	Where Residing if not at place of death <u>Same</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Josephine Orme</u>				
Father's Name <u>Jacob Orme</u>	Father's Birthplace <u>Ind</u>				
Mother's Maiden Name <u>Unknown</u>	Mother's Birthplace <u>Unknown</u>				
Name of person giving information <u>Geo W. Peter</u>	How related to deceased <u>Nephew</u>				

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary Cause <u>Chronic Brights &amp; Mitral Regurg.</u>	How long <u>Several years</u>
Immediate Cause <u>Uremic Coma</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>T. Clyde Roulston</u>
	Address <u>Buckeytown Ind</u>
Accident or Suicide? <u>—</u>	



Name  
in  
Full

Still Born Female Child

Pro

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>her</i> <sup>Town</sup> <i>Middletown</i> <sup>County</sup> <i>Fredrick</i> <sup>MARYLAND</sup>	
Date of death <i>1908</i> <sup>Month</sup> <i>Dec</i> <sup>Day</sup> <i>9</i> <sup>Years</sup> <i>00</i> <sup>Months</sup> <i>00</i> <sup>Days</sup> <i>00</i>	Age <i>00</i>
Sex <i>Female</i> <sup>Color or Race</sup> <i>White</i> <sup>Birth-place</sup> <i>Fredrick Co Md</i>	
Occupation <i></i> <sup>Where Residing if not at place of death</sup> <i></i>	
Married, Single or Widowed <i>Single</i> <sup>Name of Wife or Husband</sup> <i></i>	
Father's Name <i>A. Lincoln Pool</i> <sup>Father's Birthplace</sup> <i>Fredrick Co Md</i>	
Mother's Maiden Name <i>Hannie L. Jones</i> <sup>Mother's Birthplace</sup> <i>Fredrick Co Md</i>	
Name of person giving information <i>A. L. Pool</i> <sup>How related to deceased</sup> <i>Father</i>	

## CAUSES OF DEATH

How long

How long

PHYSICIAN  
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

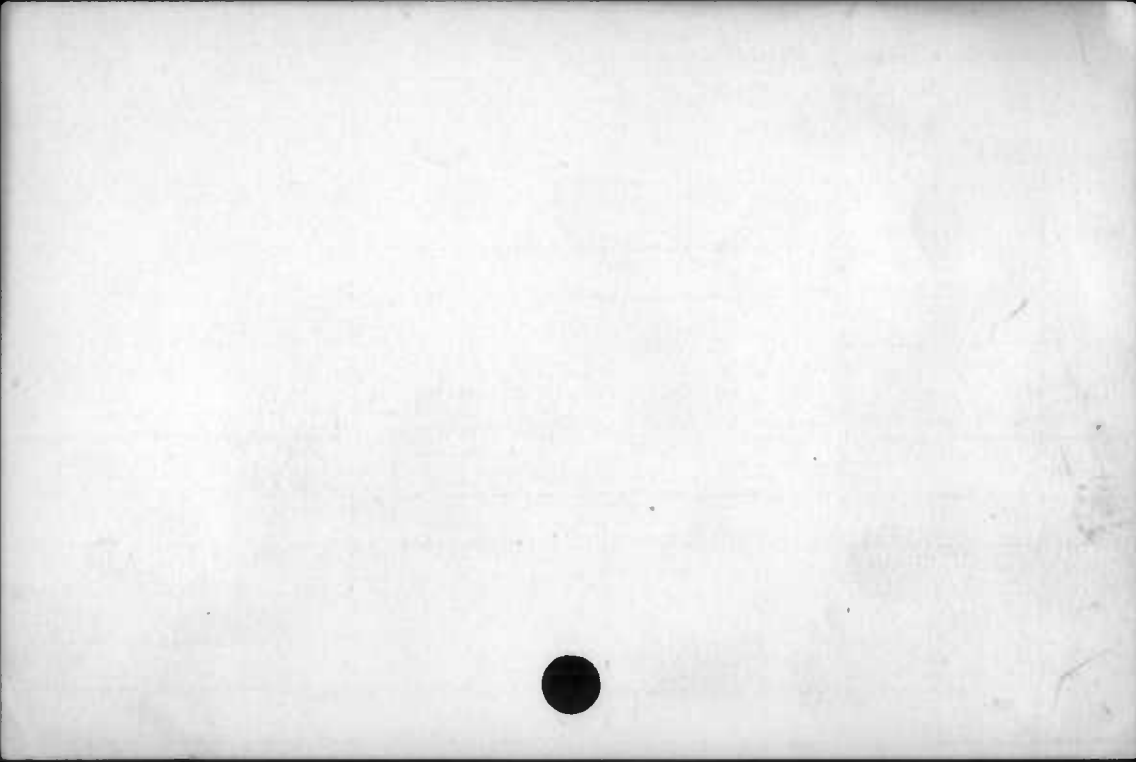
Accident or Suicide?

Still Born

E. L. Buckley

Middletown

Md



Name  
in  
Full

Lewis P. Ramsburg

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

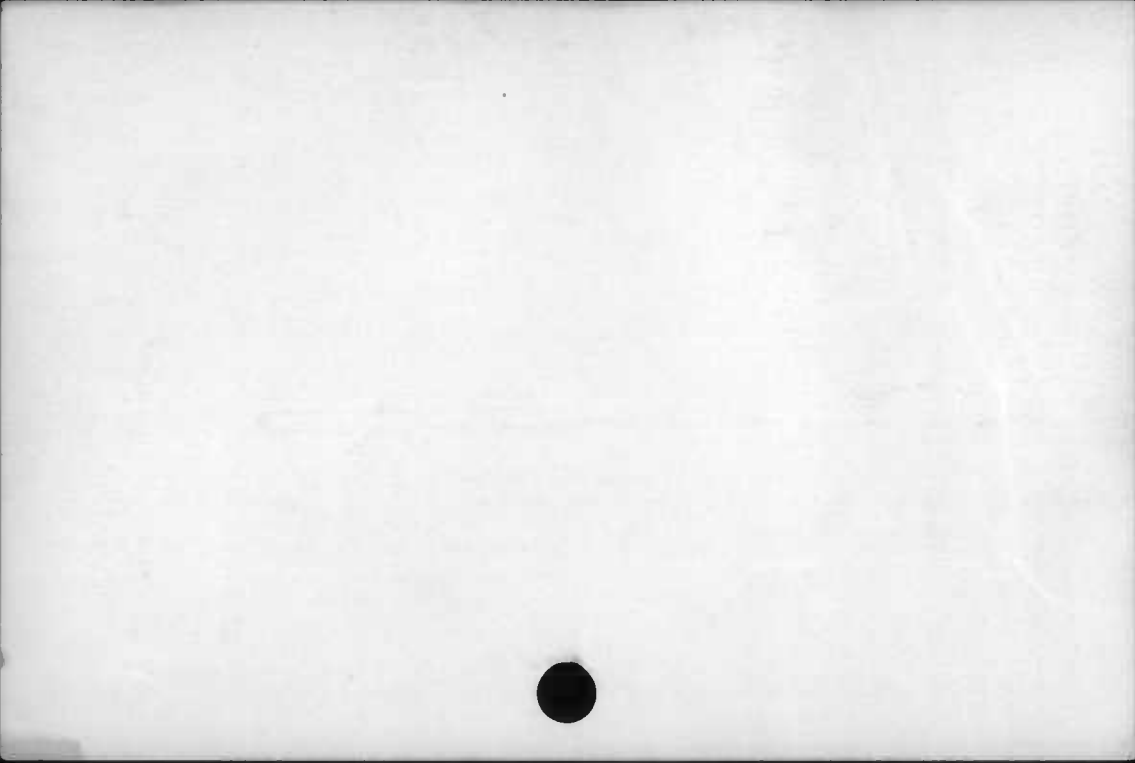
Died at <i>Chalkersville</i> <small>Town</small>		<i>Fredrick</i> <small>County</small>		MARYLAND	
Date of death 190 <i>8</i>	<i>Dec.</i> <small>Month</small>	<i>23</i> <small>Day</small>	Age <i>78</i> <small>Years</small>	<i>6</i> <small>Months</small>	<i>18</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Fredrick Co.</i>		
Married, Single or Widowed <i>Widower</i>	Occupation <i>Retired Farmer</i>				
Name of Wife or Husband <i>Julia C. Ramsburg</i>					
Father's Name <i>Jacob Ramsburg</i>			Father's Birthplace <i>Fredrick Co.</i>		
Mother's Maiden Name <i>Elizabeth Snook</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information <i>M. O. Ramsburg</i>			How related to deceased <i>Son</i>		

## CAUSES OF DEATH

66

PHYSICIAN  
OR CORONER

Primary <i>Paralysis</i>	How long <i>7 months</i>
Immediate <i>no.</i>	How long <i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. J. Ramsburg</i>
	Address <i>Chalkersville Maryland</i>
Accident or Suicide?	





Name  
in  
Full

Frederick H. Rohrbach

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Brunswick</u>		County <u>Frederick</u>		MARYLAND	
Date of death 1908	Month <u>Dec</u>	Day <u>26</u>	Age <u>26</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>white</u>	Birth-place <u>md</u>			
Occupation <u>Car Repairer</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>married</u>	Name of Wife or Husband <u>Nellie May Coblenz</u>				
Father's Name <u>Daniel Rohrbach</u>	Father's Birthplace <u>md</u>				
Mother's Maiden Name <u>Don't know</u>	Mother's Birthplace <u>—</u>				
Name of person giving Information <u>Roy Coblenz</u>	How related to deceased <u>Bro. in Law</u>				

Railroad accident

## CAUSES OF DEATH

166

PHYSICIAN  
OR CORONER

Primary Lign crushed by Cars  
 Immediate Shock

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

How long

How long

12 hrs  
Lewis West  
Brunswick  
Frederick Co

Accident or Suicide

accident



Name  
in Full

William H. Rowe

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

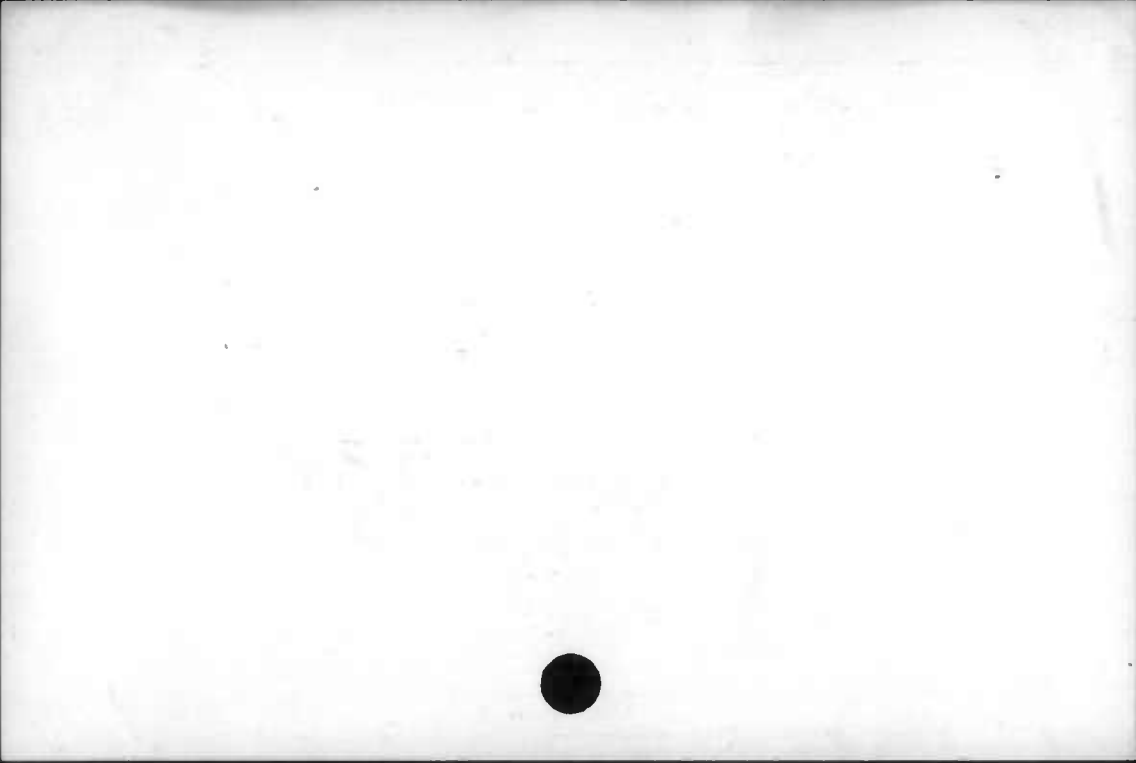
Died at <sup>Town</sup> <i>Myersville</i> <sup>County</sup> <i>Frederick Co.</i>		MARYLAND	
Date of death	Month <i>Dec</i> Day <i>12</i> Years <i>42</i> Months <i>9</i> Days	Age	<i>42</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>
Occupation	<i>none</i>	Birth-place	<i>Myersville</i>
Where Residing If not at place of death		<i>Myersville</i>	
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	<i>Josiah Rowe</i>		
Mother's Maiden Name	<i>Rebeck Ambrose</i>		
Name of person giving Information	<i>Josiah Rowe</i>		
Father's Birthplace	<i>Myersville</i>		
Mother's Birthplace	<i>Bukeysville</i>		
How related to deceased	<i>Father</i>		

CAUSES OF DEATH

**27**

PHYSICIAN  
OR CORONER

Primary	<i>Consumption</i>	How long	<i>several years</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Joseph M. Wolfe</i>
Address	<i>Deformed from Birth</i>		
Accident or Suicide	<i>Consumption</i>		



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Cassandra Rebecca Rudy*  
Died at *near Middletown* *Frederick* County

MARYLAND

Date of death *1908* *Dec* *13* Age *37* Months *1* Days *9*

Sex *Female* Color or Race *White* Birth-place *Ind*

Occupation *none* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *George E Rudy* Father's Birthplace *Ind*

Mother's Maiden Name *Elmira C Cochran* Mother's Birthplace *Ind*

Name of person giving information *Fannie Rudy* How related to deceased *Sister*

CAUSES OF DEATH

**27**

Primary *Pulmonary & Long used tubercular* How long *8 hrs*

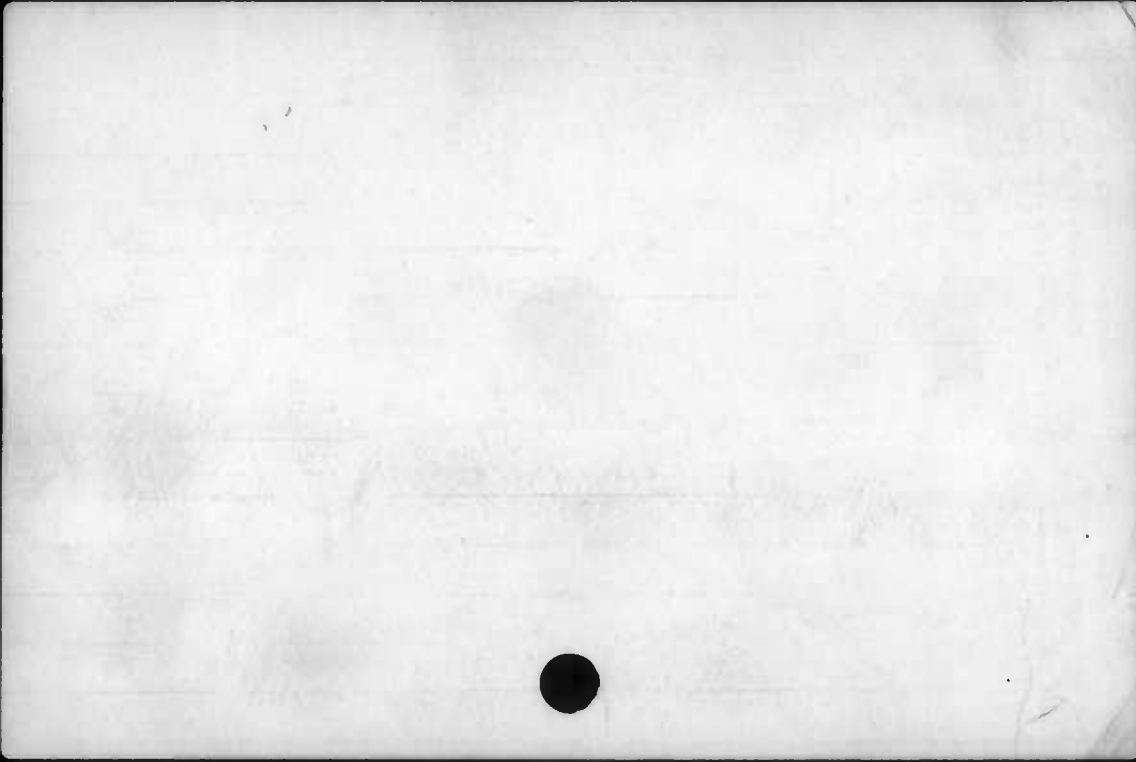
Immediate *Heart failure* How long *24 hrs*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *E L Beckley*

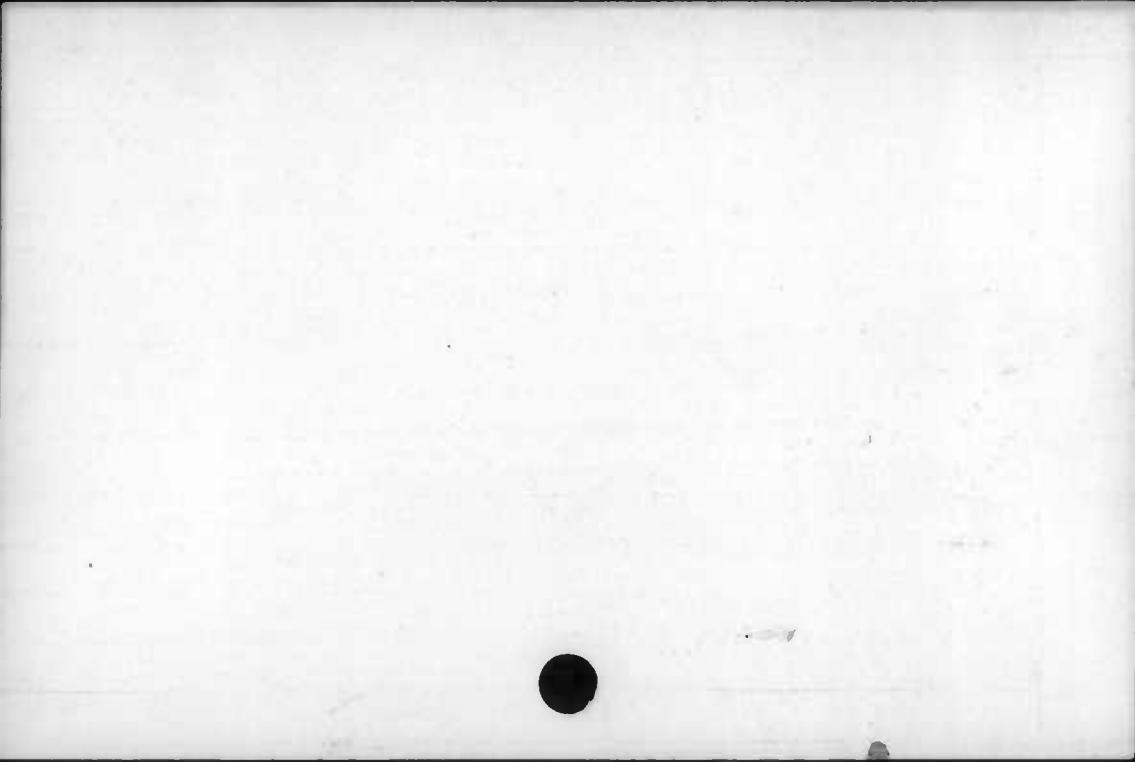
Address *Ind*

Accident or Suicide? *Ind*

PHYSICIAN  
OR CORONER



Name in Full		William Runkles			22,		CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>New London</i> <small>Town</small>			<i>Frederick</i> <small>County</small>		MARYLAND		
		Date of death <i>1908</i>		Month <i>12</i>	Day <i>29</i>	Age <i>35</i> <small>Years</small>	Months <i>X</i>	Days <i>X</i>	
		Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Maryland</i>			
		Occupation <i>Labourer</i>			Where Residing if not at place of death <i>—</i>				
		Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Mary Runkles</i>					
		Father's Name <i>Brice Runkles</i>				Father's Birthplace <i>Ma</i>			
		Mother's Maiden Name <i>Don't know</i>				Mother's Birthplace <i>Ma</i>			
PHYSICIAN OR CORONER		Name of person giving information <i>Walter Runkles</i>			How related to deceased <i>Cousin</i>				
		<div style="display: flex; justify-content: space-between;"> <div>CAUSES OF DEATH</div> <div style="border: 1px solid black; border-radius: 50%; padding: 5px;">104</div> </div>							
PHYSICIAN OR CORONER		Primary <i>Probably Acute Indigestion</i>			How long <i>Died suddenly</i>				
		Immediate <i>Probably Heart Failure</i>			How long				
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>			Signature of Physician <i>Howard H. Hopkins M.D.</i>				
					Address <i>New Market, Ind. Co., Ma.</i>				
		Accident or Suicide? <i>no</i>							





Name

in  
Full

## CERTIFICATE OF DEATH

Died at

Town

County

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1908

12

18

Age

53

4

28

Sex

Color or  
RaceBirth-  
place

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
informationHow related  
to deceased

## CAUSES OF DEATH

Primary

Immediate

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

Accident or Suicide?

How long

How long

63

15 mos.

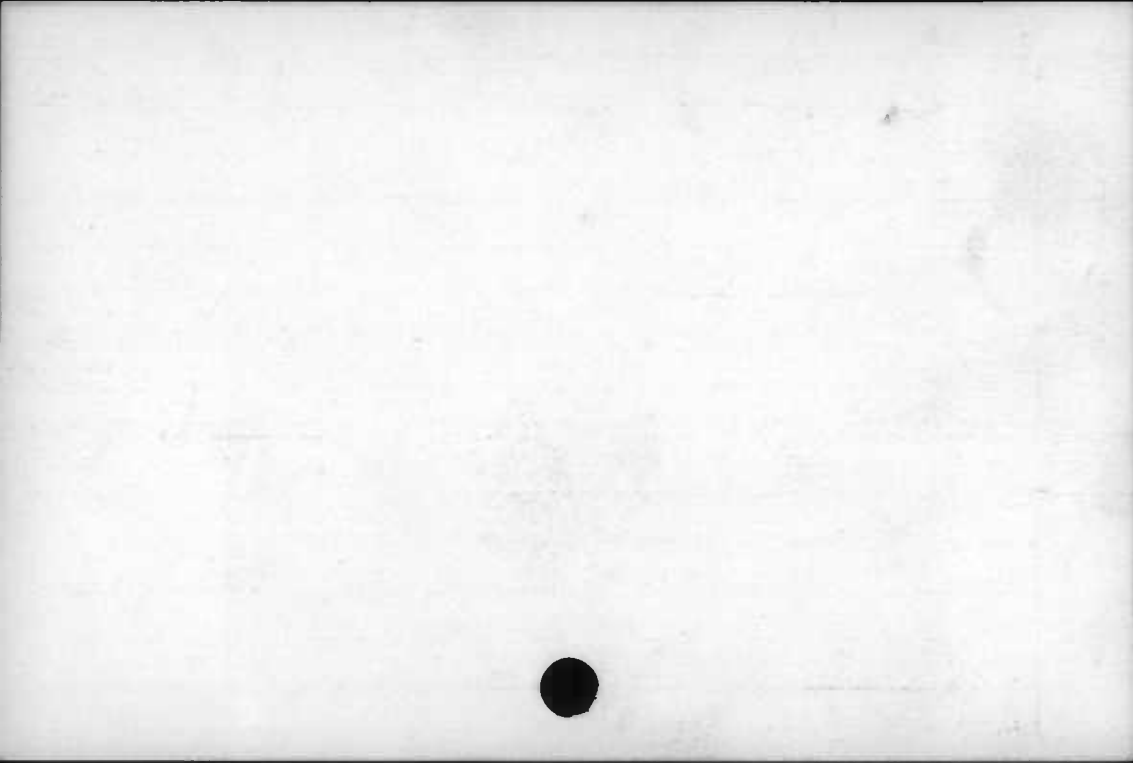
5 days.

Jos. N. Long

Starksville

Md.

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

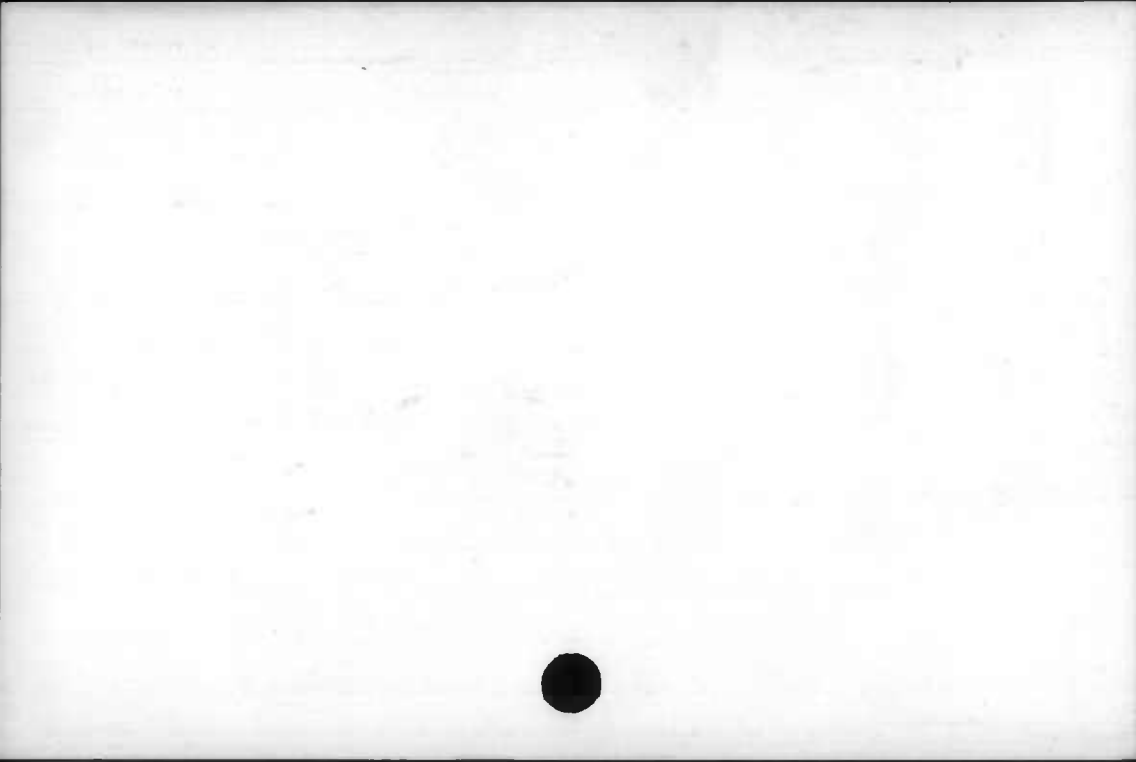
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Rachel Reifer Shipley</i>		Town <i>Frederick</i>		County <i>Frederick</i>		State <i>MARYLAND</i>	
Died at <i>Frederick</i>		Month <i>Nov</i>		Day <i>20</i>		Year <i>1905</i>	
Date of death <i>1905</i>		Age <i>20</i>		Months <i>—</i>		Days <i>2</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Ill.</i>			
Occupation <i>X</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>S</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Harry F. Shipley</i>		Father's Birthplace <i>Ill.</i>					
Mother's Maiden Name <i>Fannie Esterday</i>		Mother's Birthplace <i>Ill.</i>					
Name of person giving Information <i>Mrs. F. F. Shipley</i>		How related to deceased <i>Mother</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Cause <i>Organic Heart Disease</i>	How long <i>(79)</i>
Immediate Cause <i>Apoplexy</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. J. McLeary</i>
	Address <i>16 W. 2nd St.</i>
Accident or Suicide	



Name  
in  
Full

Nabe F Smith

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Frederick</i> <sup>Town</sup>		<i>Frederick</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1908</i>	Month <i>12</i>	Day <i>26</i>	Age <i>87</i>	Months <i>3</i> Days <i>29</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Frederick Co Md</i>		
Occupation <i>None</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Leonard Smith</i>	Father's Birthplace <i>Frederick Co</i>				
Mother's Maiden Name <i>Eliza Samson</i>	Mother's Birthplace <i>" "</i>				
Name of person giving information <i>Mrs Francis Smith</i>	How related to deceased <i>Nephew</i>				

## CAUSES OF DEATH

81

PHYSICIAN  
OR CORONER

Primary <i>Arterio Sclerosis</i>	How long <i>10 years.</i>
Immediate <i>Heart failure</i>	How long <i>2 days.</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. M. Smith.</i>
	Address <i>Frederick, Md.</i>
Accident or Suicide?	<i>over</i>

6600ary-

~~28~~ Johns Cemetery

Dec 28 1908

Name  
in  
Full

## CERTIFICATE OF DEATH

Mary Jane Smith

Town

County

MARYLAND

Died at Frederick

Frederick

Date  
of death 1908

Month

12

Day

30

Years

Age 82

Months

—

Days

—

Sex

Female

Color or  
Race

Black

Birth-  
place

Md

Occupation

House Wife

Where Residing if not  
at place of death

Same

Married, Single  
or Widowed

Widow

Name of Wife or  
Husband

William Smith

Father's  
Name

Henry Littles

Father's  
Birthplace

Md

Mother's  
Maiden Name

Unknown

Mother's  
Birthplace

Unknown

Name of person giving  
Information

Gertrude Gains

How related  
to deceasedAdopted  
Daughter

## CAUSES OF DEATH

154

Primary

General Debility

How long

Several weeks

Immediate

Exhaustion

How long

" days

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

W. G. Bourne M.D.

Address

Frederick

Md.

Accident or Suicide

—

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Interment Jan 1 - 1909  
" at Laboring Sons Cemetery  
Thomas P. Rice F. & D.

Dr Bournes

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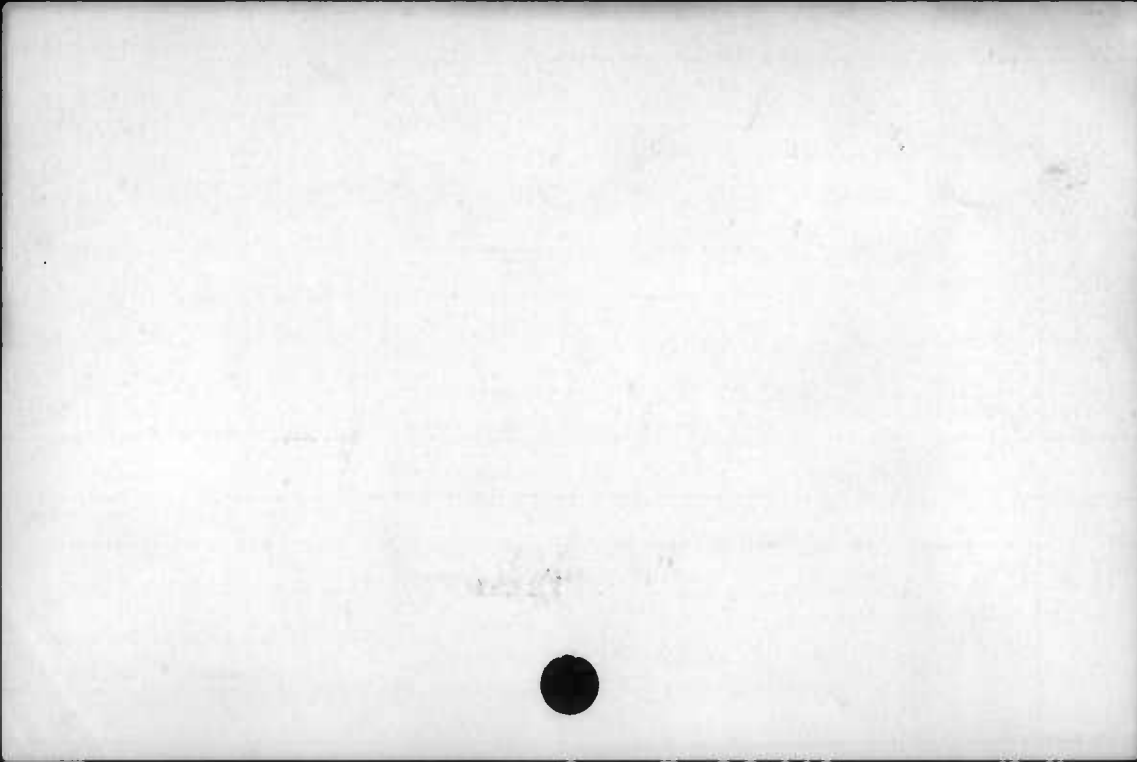
Dr Mc Gurdy

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Name in Full		Certificate of Death					
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Middletown</i>		County <i>Fredricks</i>		MARYLAND	
		Date of death <i>1908</i>	Month <i>Dec</i>	Day <i>12</i>	Age <i>91</i>	Months <i>8</i>	Days <i>17</i>
		Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Fredricks Co Md</i>	
		Occupation <i>Housewife</i>		Where Residing if not at place of death <i>—</i>			
		Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Henry Snurr</i>			
		Father's Name <i>Jacob Cone</i>		Father's Birthplace <i>Unknown</i>			
		Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>			
Name of person giving information <i>Simon Snurr</i>		How related to deceased <i>Son</i>					
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary <i>Parotic dementia</i>		How long <i>Several years</i>			
		Immediate <i>General paralysis</i>		How long <i>24 hours</i>			
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>E L Beckley</i>			
				Address <i>Middletown</i>			
		Accident or Suicide?					

67



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Miss Clemencia Steiner* Town *Fred. Co.* County *Fred.* MARYLAND

Died at *Fred. Co.*

Date of death 190*8* Month *12* Day *7* Age *66* Years Months *X* Days *1*

Sex *Female* Color or Race *White* Birth-place *Fred. Co.*

Occupation *H-wife* Where Residing if not at place of death *X*

~~Married~~ Single *X* Name of Wife or Husband

Father's Name *Jacob Steiner* Father's Birthplace *Fred. Co.*

Mother's Maiden Name *Mary Horck* Mother's Birthplace *"*

Name of person giving Information *Miss Steiner* How related to deceased *Sister*

## CAUSES OF DEATH

42

PHYSICIAN  
OR CORONER

Primary *Carcinoma Uteri* How long *2 yrs.*

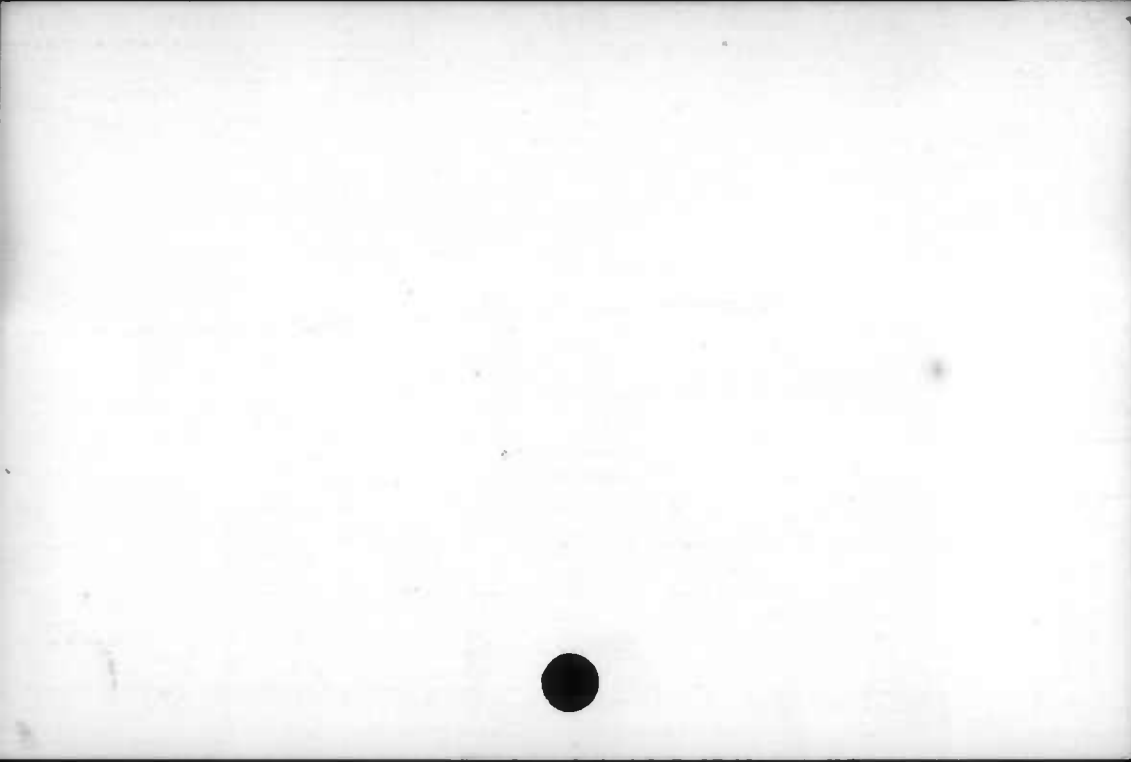
Immediate *Exhaustion* How long *X*

Are the name, age, sex, color, data and place correctly given above? *Yes.*Signature of  
Physician

Address

*Franklin Buchanan Smith*  
*Fredrick, Md.*

Accident or Suicide



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Infant of Charles Stewart

Town Fredricks County Fredk. MARYLAND

Died at Fredricks

Date of death 1908 12 Month 26 Day Age — Years Months — Days 3 Hrs

Sex Male Color or Race White Birth-place Fredricks

Occupation — Where Residing if not at place of death Same

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Charles W. Stewart Father's Birthplace Fredricks

Mother's Maiden Name Laura R. Nobley Mother's Birthplace Carroll Co. Md.

Name of person giving Information Chas W. Stewart How related to deceased Father

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Prematurity 6 1/2 mrs. How long 3 hours

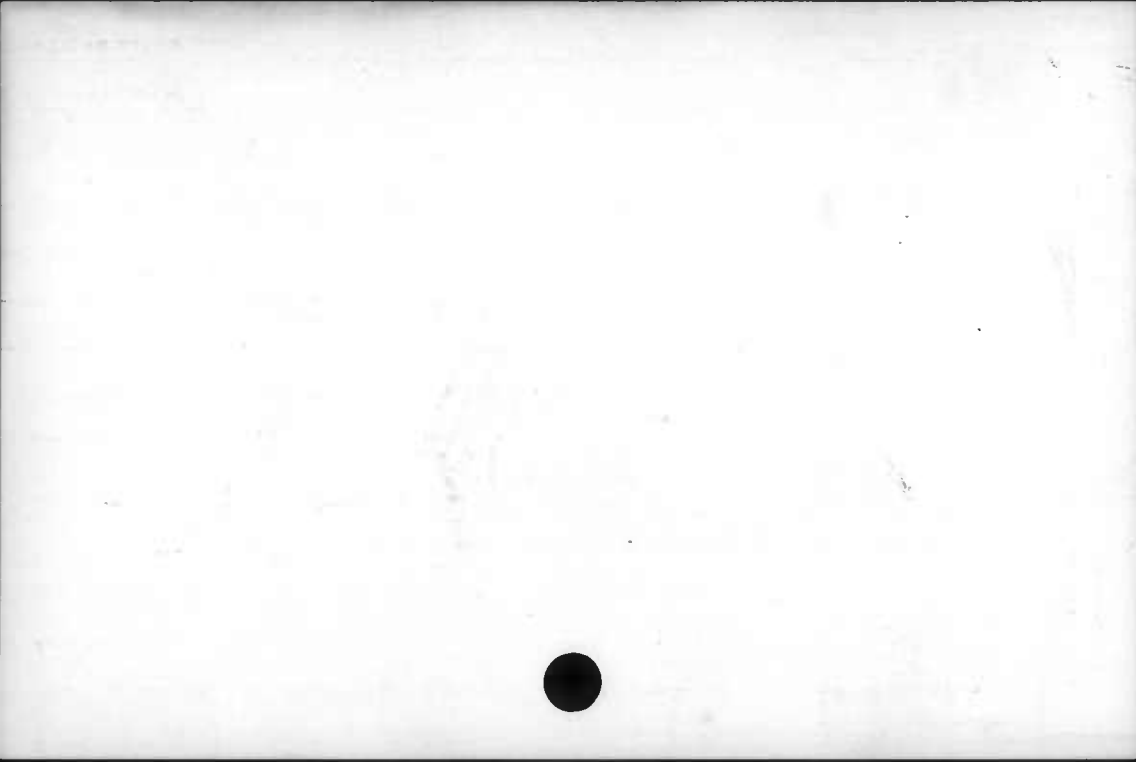
Immediate asphyxia How long 3 hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Frank H. Hedger

Address Fredricks

Accident or Suicide —



Name  
in  
Full

Charles Henry Swardner

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Liberty <sup>Town</sup> Frederick <sup>County</sup> MARYLAND

Date of death 1908 <sup>Month</sup> 12 <sup>Day</sup> 12 <sup>Years</sup> 34 <sup>Months</sup> 9 <sup>Days</sup> 4

Sex Male Color or Race White Birth-place Libertytown

Occupation Butcher Where Residing if not at place of death Libertytown

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Upton Swardner Father's Birthplace Libertytown

Mother's Maiden Name Melissie Davis Mother's Birthplace Libertytown

Name of person giving information Mrs Jessie Starr How related to deceased Sister

CAUSES OF DEATH

178

PHYSICIAN  
OR CORONER

Primary Heart Failure ✓ Sudden

Immediate

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Jay C. Sappington

Address Libertytown

Accident or Suicide? ✓





Name  
in  
Full

Eva Hoff-Waggamon

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

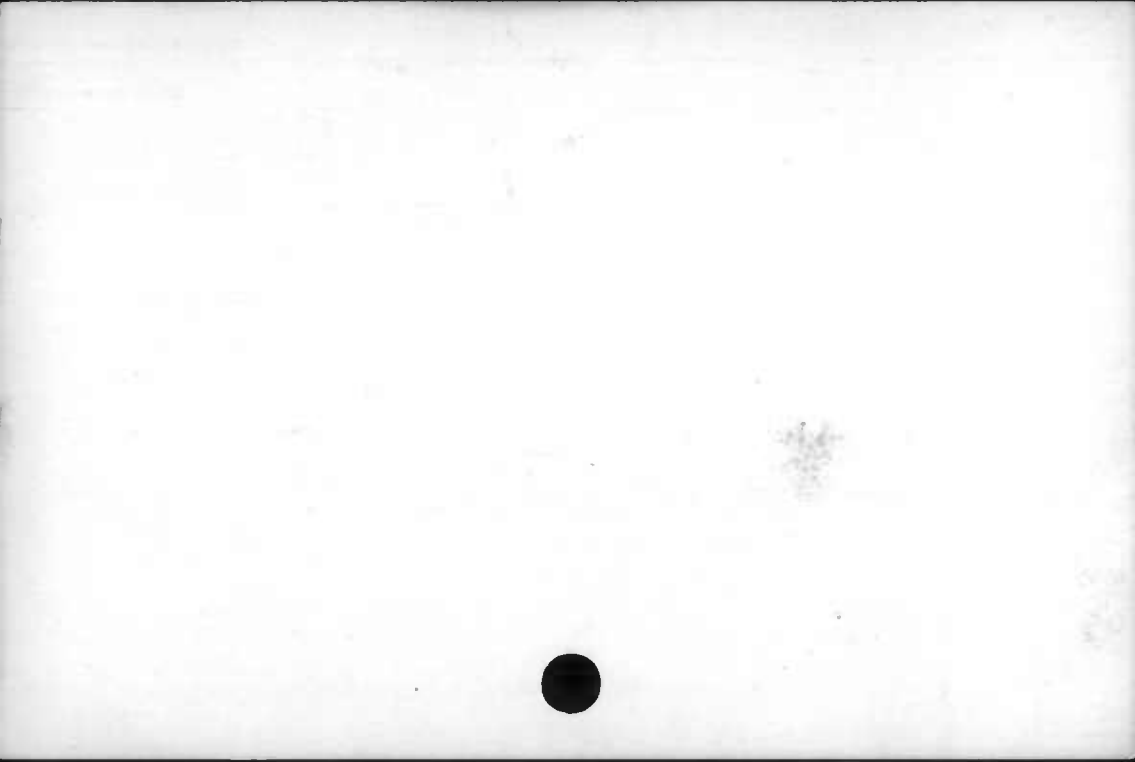
Died at <i>near Union Bridge</i>		Town		County		MARYLAND	
Date of death	1908	Month	12	Day	27	Age	60
Sex		Female		Color or Race		White	
Occupation		Housewife		Birth-place		Fred. Co. Md.	
Married, <del>Single</del> or <del>Widowed</del>		Name of Wife or Husband		Where Residing if not at place of death			
Father's Name		John H. Hoff		Father's Birthplace		Fred. Co. Md.	
Mother's Maiden Name		Elizabeth Hoff		Mother's Birthplace		Fred. Co. Md.	
Name of person giving Information		Annie Waggamon		How related to deceased		Daughter	

## CAUSES OF DEATH

66

PHYSICIAN  
OR CORONER

Primary	Hemiplegia	How long	23 yrs -
Immediate	Heart failure	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		James Watt, Jr. O.	
Address		Union Bridge Md.	
Accident or Suicide			



Name  
in  
Full

Mrs. Mary Francis Holf

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

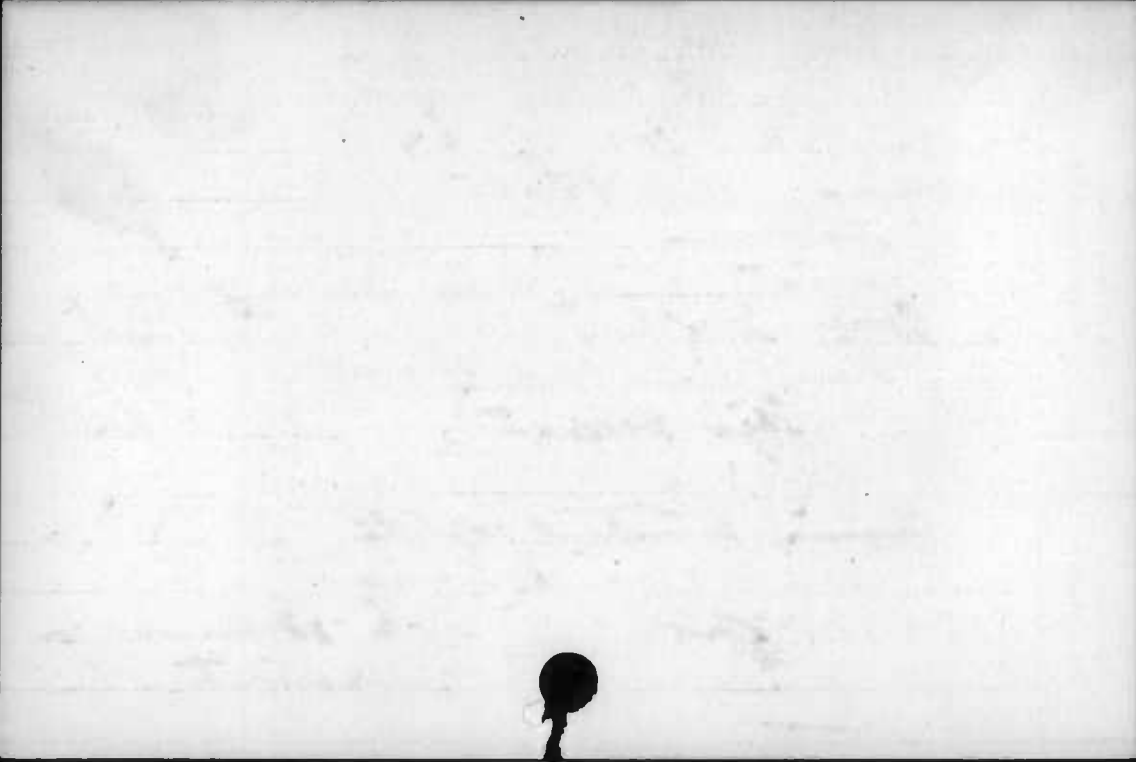
Died at <i>Middletown</i> <sup>Town</sup>		<i>Frederick</i> <sup>County</sup>		MARYLAND	
Date of death <i>1908</i>	Month <i>Dec.</i>	Day <i>27</i>	Years <i>56</i>	Months <i>5</i>	Days <i>9</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Md.</i>		
Occupation <i>Housewife</i>			Where Residing if not at place of death		
<del>Married, Single</del> & Widowed			Name of Wife or Husband <i>Franklin E. Holf.</i>		
Father's Name <i>Unknown</i>			Father's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>Maria Hiles</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>Amie Holf. (daughter)</i>			How related to deceased <i>Daughter</i>		

## CAUSES OF DEATH

113

PHYSICIAN  
OR CORONER

Primary <i>"Gall stones"</i>	How long <i>24 hrs.</i>
Immediate <i>Internal hemorrhage</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>E. L. Bowler</i>
	Address <i>Middletown, Md.</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1908		Dec	10 <sup>th</sup>	64	4	23	
Sex	Male		Color or Race	White		Birth-place	Thurmont Fred. & Esq.
Occupation	Laborer		Where Residing if not at place of death				
Married, Single or Widowed	Married		Name of Wife or Husband	Eliza Francis Melhidy			
Father's Name	Wm. Wallard		Father's Birthplace	Thurmont Fred. & Esq.			
Mother's Maiden Name	Mary Ann. Wallard		Mother's Birthplace	Thurmont Fred. & Esq.			
Name of person giving information	Eliza Wallard		How related to deceased	Wife			

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary	Chronic interstitial Nephritis	How long	about three years.
Immediate	Haemiplegia (Left side)	How long	2 hours.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	E. C. McFarver
		Address	Thurmont, Md.
Accident or Suicide?			

